



Sen. Heather A. Steans

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1 AMENDMENT TO SENATE BILL 1315

2 AMENDMENT NO. _____. Amend Senate Bill 1315 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Identification Card Act is amended
5 by changing Section 4 as follows:

6 (15 ILCS 335/4) (from Ch. 124, par. 24)

7 Sec. 4. Identification Card.

8 (a) The Secretary of State shall issue a standard Illinois
9 Identification Card to any natural person who is a resident of
10 the State of Illinois who applies for such card, or renewal
11 thereof, or who applies for a standard Illinois Identification
12 Card upon release as a committed person on parole, mandatory
13 supervised release, aftercare release, final discharge, or
14 pardon from the Department of Corrections or Department of
15 Juvenile Justice by submitting an identification card issued by
16 the Department of Corrections or Department of Juvenile Justice

1 under Section 3-14-1 or Section 3-2.5-70 of the Unified Code of
2 Corrections, together with the prescribed fees. No
3 identification card shall be issued to any person who holds a
4 valid foreign state identification card, license, or permit
5 unless the person first surrenders to the Secretary of State
6 the valid foreign state identification card, license, or
7 permit. The card shall be prepared and supplied by the
8 Secretary of State and shall include a photograph and signature
9 or mark of the applicant. However, the Secretary of State may
10 provide by rule for the issuance of Illinois Identification
11 Cards without photographs if the applicant has a bona fide
12 religious objection to being photographed or to the display of
13 his or her photograph. The Illinois Identification Card may be
14 used for identification purposes in any lawful situation only
15 by the person to whom it was issued. As used in this Act,
16 "photograph" means any color photograph or digitally produced
17 and captured image of an applicant for an identification card.
18 As used in this Act, "signature" means the name of a person as
19 written by that person and captured in a manner acceptable to
20 the Secretary of State.

21 (a-5) If an applicant for an identification card has a
22 current driver's license or instruction permit issued by the
23 Secretary of State, the Secretary may require the applicant to
24 utilize the same residence address and name on the
25 identification card, driver's license, and instruction permit
26 records maintained by the Secretary. The Secretary may

1 promulgate rules to implement this provision.

2 (a-10) If the applicant is a judicial officer as defined in
3 Section 1-10 of the Judicial Privacy Act or a peace officer,
4 the applicant may elect to have his or her office or work
5 address listed on the card instead of the applicant's residence
6 or mailing address. The Secretary may promulgate rules to
7 implement this provision. For the purposes of this subsection
8 (a-10), "peace officer" means any person who by virtue of his
9 or her office or public employment is vested by law with a duty
10 to maintain public order or to make arrests for a violation of
11 any penal statute of this State, whether that duty extends to
12 all violations or is limited to specific violations.

13 (b) The Secretary of State shall issue a special Illinois
14 Identification Card, which shall be known as an Illinois Person
15 with a Disability Identification Card, to any natural person
16 who is a resident of the State of Illinois, who is a person
17 with a disability as defined in Section 4A of this Act, who
18 applies for such card, or renewal thereof. No Illinois Person
19 with a Disability Identification Card shall be issued to any
20 person who holds a valid foreign state identification card,
21 license, or permit unless the person first surrenders to the
22 Secretary of State the valid foreign state identification card,
23 license, or permit. The Secretary of State shall charge no fee
24 to issue such card. The card shall be prepared and supplied by
25 the Secretary of State, and shall include a photograph and
26 signature or mark of the applicant, a designation indicating

1 that the card is an Illinois Person with a Disability
2 Identification Card, and shall include a comprehensible
3 designation of the type and classification of the applicant's
4 disability as set out in Section 4A of this Act. However, the
5 Secretary of State may provide by rule for the issuance of
6 Illinois Person with a Disability Identification Cards without
7 photographs if the applicant has a bona fide religious
8 objection to being photographed or to the display of his or her
9 photograph. If the applicant so requests, the card shall
10 include a description of the applicant's disability and any
11 information about the applicant's disability or medical
12 history which the Secretary determines would be helpful to the
13 applicant in securing emergency medical care. If a mark is used
14 in lieu of a signature, such mark shall be affixed to the card
15 in the presence of two witnesses who attest to the authenticity
16 of the mark. The Illinois Person with a Disability
17 Identification Card may be used for identification purposes in
18 any lawful situation by the person to whom it was issued.

19 The Illinois Person with a Disability Identification Card
20 may be used as adequate documentation of disability in lieu of
21 a physician's determination of disability, a determination of
22 disability from a physician assistant ~~who has been delegated~~
23 ~~the authority to make this determination by his or her~~
24 ~~supervising physician~~, a determination of disability from an
25 advanced practice nurse ~~who has a written collaborative~~
26 ~~agreement with a collaborating physician that authorizes the~~

1 ~~advanced practice nurse to make this determination,~~ or any
2 other documentation of disability whenever any State law
3 requires that a disabled person provide such documentation of
4 disability, however an Illinois Person with a Disability
5 Identification Card shall not qualify the cardholder to
6 participate in any program or to receive any benefit which is
7 not available to all persons with like disabilities.
8 Notwithstanding any other provisions of law, an Illinois Person
9 with a Disability Identification Card, or evidence that the
10 Secretary of State has issued an Illinois Person with a
11 Disability Identification Card, shall not be used by any person
12 other than the person named on such card to prove that the
13 person named on such card is a disabled person or for any other
14 purpose unless the card is used for the benefit of the person
15 named on such card, and the person named on such card consents
16 to such use at the time the card is so used.

17 An optometrist's determination of a visual disability
18 under Section 4A of this Act is acceptable as documentation for
19 the purpose of issuing an Illinois Person with a Disability
20 Identification Card.

21 When medical information is contained on an Illinois Person
22 with a Disability Identification Card, the Office of the
23 Secretary of State shall not be liable for any actions taken
24 based upon that medical information.

25 (c) The Secretary of State shall provide that each original
26 or renewal Illinois Identification Card or Illinois Person with

1 a Disability Identification Card issued to a person under the
2 age of 21 shall be of a distinct nature from those Illinois
3 Identification Cards or Illinois Person with a Disability
4 Identification Cards issued to individuals 21 years of age or
5 older. The color designated for Illinois Identification Cards
6 or Illinois Person with a Disability Identification Cards for
7 persons under the age of 21 shall be at the discretion of the
8 Secretary of State.

9 (c-1) Each original or renewal Illinois Identification
10 Card or Illinois Person with a Disability Identification Card
11 issued to a person under the age of 21 shall display the date
12 upon which the person becomes 18 years of age and the date upon
13 which the person becomes 21 years of age.

14 (c-3) The General Assembly recognizes the need to identify
15 military veterans living in this State for the purpose of
16 ensuring that they receive all of the services and benefits to
17 which they are legally entitled, including healthcare,
18 education assistance, and job placement. To assist the State in
19 identifying these veterans and delivering these vital services
20 and benefits, the Secretary of State is authorized to issue
21 Illinois Identification Cards and Illinois Person with a
22 Disability Identification Cards with the word "veteran"
23 appearing on the face of the cards. This authorization is
24 predicated on the unique status of veterans. The Secretary may
25 not issue any other identification card which identifies an
26 occupation, status, affiliation, hobby, or other unique

1 characteristics of the identification card holder which is
2 unrelated to the purpose of the identification card.

3 (c-5) Beginning on or before July 1, 2015, the Secretary of
4 State shall designate a space on each original or renewal
5 identification card where, at the request of the applicant, the
6 word "veteran" shall be placed. The veteran designation shall
7 be available to a person identified as a veteran under
8 subsection (b) of Section 5 of this Act who was discharged or
9 separated under honorable conditions.

10 (d) The Secretary of State may issue a Senior Citizen
11 discount card, to any natural person who is a resident of the
12 State of Illinois who is 60 years of age or older and who
13 applies for such a card or renewal thereof. The Secretary of
14 State shall charge no fee to issue such card. The card shall be
15 issued in every county and applications shall be made available
16 at, but not limited to, nutrition sites, senior citizen centers
17 and Area Agencies on Aging. The applicant, upon receipt of such
18 card and prior to its use for any purpose, shall have affixed
19 thereon in the space provided therefor his signature or mark.

20 (e) The Secretary of State, in his or her discretion, may
21 designate on each Illinois Identification Card or Illinois
22 Person with a Disability Identification Card a space where the
23 card holder may place a sticker or decal, issued by the
24 Secretary of State, of uniform size as the Secretary may
25 specify, that shall indicate in appropriate language that the
26 card holder has renewed his or her Illinois Identification Card

1 or Illinois Person with a Disability Identification Card.

2 (Source: P.A. 97-371, eff. 1-1-12; 97-739, eff. 1-1-13; 97-847,
3 eff. 1-1-13; 97-1064, eff. 1-1-13; 98-323, eff. 1-1-14; 98-463,
4 eff. 8-16-13; 98-558, eff. 1-1-14; 98-756, eff. 7-16-14.)

5 Section 10. The Alcoholism and Other Drug Abuse and
6 Dependency Act is amended by changing Section 5-23 as follows:

7 (20 ILCS 301/5-23)

8 Sec. 5-23. Drug Overdose Prevention Program.

9 (a) Reports of drug overdose.

10 (1) The Director of the Division of Alcoholism and
11 Substance Abuse may publish annually a report on drug
12 overdose trends statewide that reviews State death rates
13 from available data to ascertain changes in the causes or
14 rates of fatal and nonfatal drug overdose for the preceding
15 period of not less than 5 years. The report shall also
16 provide information on interventions that would be
17 effective in reducing the rate of fatal or nonfatal drug
18 overdose.

19 (2) The report may include:

20 (A) Trends in drug overdose death rates.

21 (B) Trends in emergency room utilization related
22 to drug overdose and the cost impact of emergency room
23 utilization.

24 (C) Trends in utilization of pre-hospital and

1 emergency services and the cost impact of emergency
2 services utilization.

3 (D) Suggested improvements in data collection.

4 (E) A description of other interventions effective
5 in reducing the rate of fatal or nonfatal drug
6 overdose.

7 (b) Programs; drug overdose prevention.

8 (1) The Director may establish a program to provide for
9 the production and publication, in electronic and other
10 formats, of drug overdose prevention, recognition, and
11 response literature. The Director may develop and
12 disseminate curricula for use by professionals,
13 organizations, individuals, or committees interested in
14 the prevention of fatal and nonfatal drug overdose,
15 including, but not limited to, drug users, jail and prison
16 personnel, jail and prison inmates, drug treatment
17 professionals, emergency medical personnel, hospital
18 staff, families and associates of drug users, peace
19 officers, firefighters, public safety officers, needle
20 exchange program staff, and other persons. In addition to
21 information regarding drug overdose prevention,
22 recognition, and response, literature produced by the
23 Department shall stress that drug use remains illegal and
24 highly dangerous and that complete abstinence from illegal
25 drug use is the healthiest choice. The literature shall
26 provide information and resources for substance abuse

1 treatment.

2 The Director may establish or authorize programs for
3 prescribing, dispensing, or distributing naloxone
4 hydrochloride or any other similarly acting and equally
5 safe drug approved by the U.S. Food and Drug Administration
6 for the treatment of drug overdose. Such programs may
7 include the prescribing of naloxone hydrochloride or any
8 other similarly acting and equally safe drug approved by
9 the U.S. Food and Drug Administration for the treatment of
10 drug overdose to and education about administration by
11 individuals who are not personally at risk of opioid
12 overdose.

13 (2) The Director may provide advice to State and local
14 officials on the growing drug overdose crisis, including
15 the prevalence of drug overdose incidents, trends in drug
16 overdose incidents, and solutions to the drug overdose
17 crisis.

18 (c) Grants.

19 (1) The Director may award grants, in accordance with
20 this subsection, to create or support local drug overdose
21 prevention, recognition, and response projects. Local
22 health departments, correctional institutions, hospitals,
23 universities, community-based organizations, and
24 faith-based organizations may apply to the Department for a
25 grant under this subsection at the time and in the manner
26 the Director prescribes.

1 (2) In awarding grants, the Director shall consider the
2 necessity for overdose prevention projects in various
3 settings and shall encourage all grant applicants to
4 develop interventions that will be effective and viable in
5 their local areas.

6 (3) The Director shall give preference for grants to
7 proposals that, in addition to providing life-saving
8 interventions and responses, provide information to drug
9 users on how to access drug treatment or other strategies
10 for abstaining from illegal drugs. The Director shall give
11 preference to proposals that include one or more of the
12 following elements:

13 (A) Policies and projects to encourage persons,
14 including drug users, to call 911 when they witness a
15 potentially fatal drug overdose.

16 (B) Drug overdose prevention, recognition, and
17 response education projects in drug treatment centers,
18 outreach programs, and other organizations that work
19 with, or have access to, drug users and their families
20 and communities.

21 (C) Drug overdose recognition and response
22 training, including rescue breathing, in drug
23 treatment centers and for other organizations that
24 work with, or have access to, drug users and their
25 families and communities.

26 (D) The production and distribution of targeted or

1 mass media materials on drug overdose prevention and
2 response.

3 (E) Prescription and distribution of naloxone
4 hydrochloride or any other similarly acting and
5 equally safe drug approved by the U.S. Food and Drug
6 Administration for the treatment of drug overdose.

7 (F) The institution of education and training
8 projects on drug overdose response and treatment for
9 emergency services and law enforcement personnel.

10 (G) A system of parent, family, and survivor
11 education and mutual support groups.

12 (4) In addition to moneys appropriated by the General
13 Assembly, the Director may seek grants from private
14 foundations, the federal government, and other sources to
15 fund the grants under this Section and to fund an
16 evaluation of the programs supported by the grants.

17 (d) Health care professional prescription of drug overdose
18 treatment medication.

19 (1) A health care professional who, acting in good
20 faith, directly or by standing order, prescribes or
21 dispenses an opioid antidote to a patient who, in the
22 judgment of the health care professional, is capable of
23 administering the drug in an emergency, shall not, as a
24 result of his or her acts or omissions, be subject to
25 disciplinary or other adverse action under the Medical
26 Practice Act of 1987, the Physician Assistant Practice Act

1 of 1987, the Nurse Practice Act, the Pharmacy Practice Act,
2 or any other professional licensing statute.

3 (2) A person who is not otherwise licensed to
4 administer an opioid antidote may in an emergency
5 administer without fee an opioid antidote if the person has
6 received the patient information specified in paragraph
7 (4) of this subsection and believes in good faith that
8 another person is experiencing a drug overdose. The person
9 shall not, as a result of his or her acts or omissions, be
10 liable for any violation of the Medical Practice Act of
11 1987, the Physician Assistant Practice Act of 1987, the
12 Nurse Practice Act, the Pharmacy Practice Act, or any other
13 professional licensing statute, or subject to any criminal
14 prosecution arising from or related to the unauthorized
15 practice of medicine or the possession of an opioid
16 antidote.

17 (3) A health care professional prescribing an opioid
18 antidote to a patient shall ensure that the patient
19 receives the patient information specified in paragraph
20 (4) of this subsection. Patient information may be provided
21 by the health care professional or a community-based
22 organization, substance abuse program, or other
23 organization with which the health care professional
24 establishes a written agreement that includes a
25 description of how the organization will provide patient
26 information, how employees or volunteers providing

1 information will be trained, and standards for documenting
2 the provision of patient information to patients.
3 Provision of patient information shall be documented in the
4 patient's medical record or through similar means as
5 determined by agreement between the health care
6 professional and the organization. The Director of the
7 Division of Alcoholism and Substance Abuse, in
8 consultation with statewide organizations representing
9 physicians, advanced practice nurses, physician
10 assistants, substance abuse programs, and other interested
11 groups, shall develop and disseminate to health care
12 professionals, community-based organizations, substance
13 abuse programs, and other organizations training materials
14 in video, electronic, or other formats to facilitate the
15 provision of such patient information.

16 (4) For the purposes of this subsection:

17 "Opioid antidote" means naloxone hydrochloride or any
18 other similarly acting and equally safe drug approved by
19 the U.S. Food and Drug Administration for the treatment of
20 drug overdose.

21 "Health care professional" means a physician licensed
22 to practice medicine in all its branches, a licensed
23 physician assistant ~~who has been delegated the~~
24 ~~prescription or dispensation of an opioid antidote by his~~
25 ~~or her supervising physician, a licensed an~~ advanced
26 practice ~~registered~~ nurse ~~who has a written collaborative~~

1 ~~agreement with a collaborating physician that authorizes~~
2 ~~the prescription or dispensation of an opioid antidote, or~~
3 an advanced practice nurse who practices in a hospital or
4 ambulatory surgical treatment center and possesses
5 appropriate clinical privileges in accordance with the
6 Nurse Practice Act.

7 "Patient" includes a person who is not at risk of
8 opioid overdose but who, in the judgment of the physician,
9 may be in a position to assist another individual during an
10 overdose and who has received patient information as
11 required in paragraph (2) of this subsection on the
12 indications for and administration of an opioid antidote.

13 "Patient information" includes information provided to
14 the patient on drug overdose prevention and recognition;
15 how to perform rescue breathing and resuscitation; opioid
16 antidote dosage and administration; the importance of
17 calling 911; care for the overdose victim after
18 administration of the overdose antidote; and other issues
19 as necessary.

20 (Source: P.A. 96-361, eff. 1-1-10.)

21 Section 15. The School Code is amended by changing Sections
22 22-30, 24-5, 24-6, 26-1, and 27-8.1 as follows:

23 (105 ILCS 5/22-30)

24 Sec. 22-30. Self-administration and self-carry of asthma

1 medication and epinephrine auto-injectors; administration of
2 undesignated epinephrine auto-injectors.

3 (a) For the purpose of this Section only, the following
4 terms shall have the meanings set forth below:

5 "Asthma inhaler" means a quick reliever asthma inhaler.

6 "Epinephrine auto-injector" means a single-use device used
7 for the automatic injection of a pre-measured dose of
8 epinephrine into the human body.

9 "Asthma medication" means a medicine, prescribed by (i) a
10 physician licensed to practice medicine in all its branches,
11 (ii) a licensed physician assistant ~~who has been delegated the~~
12 ~~authority to prescribe asthma medications by his or her~~
13 ~~supervising physician, or (iii) a licensed an advanced practice~~
14 ~~nurse who has a written collaborative agreement with a~~
15 ~~collaborating physician that delegates the authority to~~
16 ~~prescribe asthma medications,~~ for a pupil that pertains to the
17 pupil's asthma and that has an individual prescription label.

18 "School nurse" means a registered nurse working in a school
19 with or without licensure endorsed in school nursing.

20 "Self-administration" means a pupil's discretionary use of
21 his or her prescribed asthma medication or epinephrine
22 auto-injector.

23 "Self-carry" means a pupil's ability to carry his or her
24 prescribed asthma medication or epinephrine auto-injector.

25 "Standing protocol" may be issued by (i) a physician
26 licensed to practice medicine in all its branches, (ii) a

1 licensed physician assistant ~~who has been delegated the~~
2 ~~authority to prescribe asthma medications or epinephrine~~
3 ~~auto-injectors by his or her supervising physician,~~ or (iii) a
4 licensed ~~an~~ advanced practice nurse ~~who has a collaborative~~
5 ~~agreement with a collaborating physician that delegates~~
6 ~~authority to issue a standing protocol for asthma medications~~
7 ~~or epinephrine auto-injectors.~~

8 "Trained personnel" means any school employee or volunteer
9 personnel authorized in Sections 10-22.34, 10-22.34a, and
10 10-22.34b of this Code who has completed training under
11 subsection (g) of this Section to recognize and respond to
12 anaphylaxis.

13 "Undesignated epinephrine auto-injector" means an
14 epinephrine auto-injector prescribed in the name of a school
15 district, public school, or nonpublic school.

16 (b) A school, whether public or nonpublic, must permit the
17 self-administration and self-carry of asthma medication by a
18 pupil with asthma or the self-administration and self-carry of
19 an epinephrine auto-injector by a pupil, provided that:

20 (1) the parents or guardians of the pupil provide to
21 the school (i) written authorization from the parents or
22 guardians for (A) the self-administration and self-carry
23 of asthma medication or (B) the self-carry of asthma
24 medication or (ii) for (A) the self-administration and
25 self-carry of an epinephrine auto-injector or (B) the
26 self-carry of an epinephrine auto-injector, written

1 authorization from the pupil's physician, physician
2 assistant, or advanced practice nurse; and

3 (2) the parents or guardians of the pupil provide to
4 the school (i) the prescription label, which must contain
5 the name of the asthma medication, the prescribed dosage,
6 and the time at which or circumstances under which the
7 asthma medication is to be administered, or (ii) for the
8 self-administration or self-carry of an epinephrine
9 auto-injector, a written statement from the pupil's
10 physician, physician assistant, or advanced practice nurse
11 containing the following information:

12 (A) the name and purpose of the epinephrine
13 auto-injector;

14 (B) the prescribed dosage; and

15 (C) the time or times at which or the special
16 circumstances under which the epinephrine
17 auto-injector is to be administered.

18 The information provided shall be kept on file in the office of
19 the school nurse or, in the absence of a school nurse, the
20 school's administrator.

21 (b-5) A school district, public school, or nonpublic school
22 may authorize the provision of a student-specific or
23 undesignated epinephrine auto-injector to a student or any
24 personnel authorized under a student's Individual Health Care
25 Action Plan, Illinois Food Allergy Emergency Action Plan and
26 Treatment Authorization Form, or plan pursuant to Section 504

1 of the federal Rehabilitation Act of 1973 to administer an
2 epinephrine auto-injector to the student, that meets the
3 student's prescription on file.

4 (b-10) The school district, public school, or nonpublic
5 school may authorize a school nurse or trained personnel to do
6 the following: (i) provide an undesignated epinephrine
7 auto-injector to a student for self-administration only or any
8 personnel authorized under a student's Individual Health Care
9 Action Plan, Illinois Food Allergy Emergency Action Plan and
10 Treatment Authorization Form, or plan pursuant to Section 504
11 of the federal Rehabilitation Act of 1973 to administer to the
12 student, that meets the student's prescription on file; (ii)
13 administer an undesignated epinephrine auto-injector that
14 meets the prescription on file to any student who has an
15 Individual Health Care Action Plan, Illinois Food Allergy
16 Emergency Action Plan and Treatment Authorization Form, or plan
17 pursuant to Section 504 of the federal Rehabilitation Act of
18 1973 that authorizes the use of an epinephrine auto-injector;
19 and (iii) administer an undesignated epinephrine auto-injector
20 to any person that the school nurse or trained personnel in
21 good faith believes is having an anaphylactic reaction.

22 (c) The school district, public school, or nonpublic school
23 must inform the parents or guardians of the pupil, in writing,
24 that the school district, public school, or nonpublic school
25 and its employees and agents, including a physician, physician
26 assistant, or advanced practice nurse providing standing

1 protocol or prescription for school epinephrine
2 auto-injectors, are to incur no liability or professional
3 discipline, except for willful and wanton conduct, as a result
4 of any injury arising from the administration of asthma
5 medication or of an epinephrine auto-injector regardless of
6 whether authorization was given by the pupil's parents or
7 guardians or by the pupil's physician, physician assistant, or
8 advanced practice nurse. The parents or guardians of the pupil
9 must sign a statement acknowledging that the school district,
10 public school, or nonpublic school and its employees and agents
11 are to incur no liability, except for willful and wanton
12 conduct, as a result of any injury arising from the
13 administration of asthma medication or of an epinephrine
14 auto-injector regardless of whether authorization was given by
15 the pupil's parents or guardians or by the pupil's physician,
16 physician assistant, or advanced practice nurse and that the
17 parents or guardians must indemnify and hold harmless the
18 school district, public school, or nonpublic school and its
19 employees and agents against any claims, except a claim based
20 on willful and wanton conduct, arising out of the
21 administration of asthma medication or of an epinephrine
22 auto-injector regardless of whether authorization was given by
23 the pupil's parents or guardians or by the pupil's physician,
24 physician assistant, or advanced practice nurse.

25 (c-5) Upon the effective date of this amendatory Act of the
26 98th General Assembly, when a school nurse or trained personnel

1 administers an undesignated epinephrine auto-injector to a
2 person whom the school nurse or trained personnel in good faith
3 believes is having an anaphylactic reaction, notwithstanding
4 the lack of notice to the parents or guardians of the pupil or
5 the absence of the parents or guardians signed statement
6 acknowledging no liability, except for willful and wanton
7 conduct, the school district, public school, or nonpublic
8 school and its employees and agents, and a physician, a
9 physician assistant, or an advanced practice nurse providing
10 standing protocol or prescription for undesignated epinephrine
11 auto-injectors, are to incur no liability or professional
12 discipline, except for willful and wanton conduct, as a result
13 of any injury arising from the use of an undesignated
14 epinephrine auto-injector regardless of whether authorization
15 was given by the pupil's parents or guardians or by the pupil's
16 physician, physician assistant, or advanced practice nurse.

17 (d) The permission for self-administration and self-carry
18 of asthma medication or the self-administration and self-carry
19 of an epinephrine auto-injector is effective for the school
20 year for which it is granted and shall be renewed each
21 subsequent school year upon fulfillment of the requirements of
22 this Section.

23 (e) Provided that the requirements of this Section are
24 fulfilled, a pupil with asthma may self-administer and
25 self-carry his or her asthma medication or a pupil may
26 self-administer and self-carry an epinephrine auto-injector

1 (i) while in school, (ii) while at a school-sponsored activity,
2 (iii) while under the supervision of school personnel, or (iv)
3 before or after normal school activities, such as while in
4 before-school or after-school care on school-operated
5 property.

6 (e-5) Provided that the requirements of this Section are
7 fulfilled, a school nurse or trained personnel may administer
8 an undesignated epinephrine auto-injector to any person whom
9 the school nurse or trained personnel in good faith believes to
10 be having an anaphylactic reaction (i) while in school, (ii)
11 while at a school-sponsored activity, (iii) while under the
12 supervision of school personnel, or (iv) before or after normal
13 school activities, such as while in before-school or
14 after-school care on school-operated property. A school nurse
15 or trained personnel may carry undesignated epinephrine
16 auto-injectors on his or her person while in school or at a
17 school-sponsored activity.

18 (f) The school district, public school, or nonpublic school
19 may maintain a supply of undesignated epinephrine
20 auto-injectors in any secure location where an allergic person
21 is most at risk, including, but not limited to, classrooms and
22 lunchrooms. A physician, a physician assistant who has been
23 delegated prescriptive authority for asthma medication or
24 epinephrine auto-injectors in accordance with Section 7.5 of
25 the Physician Assistant Practice Act of 1987, or an advanced
26 practice nurse who has been delegated prescriptive authority

1 for asthma medication or epinephrine auto-injectors in
2 accordance with Section 65-40 of the Nurse Practice Act may
3 prescribe undesignated epinephrine auto-injectors in the name
4 of the school district, public school, or nonpublic school to
5 be maintained for use when necessary. Any supply of epinephrine
6 auto-injectors shall be maintained in accordance with the
7 manufacturer's instructions.

8 (f-5) Upon any administration of an epinephrine
9 auto-injector, a school district, public school, or nonpublic
10 school must immediately activate the EMS system and notify the
11 student's parent, guardian, or emergency contact, if known.

12 (f-10) Within 24 hours of the administration of an
13 undesignated epinephrine auto-injector, a school district,
14 public school, or nonpublic school must notify the physician,
15 physician assistant, or advance practice nurse who provided the
16 standing protocol or prescription for the undesignated
17 epinephrine auto-injector of its use.

18 (g) Prior to the administration of an undesignated
19 epinephrine auto-injector, trained personnel must submit to
20 his or her school's administration proof of completion of a
21 training curriculum to recognize and respond to anaphylaxis
22 that meets the requirements of subsection (h) of this Section.
23 Training must be completed annually. Trained personnel must
24 also submit to his or her school's administration proof of
25 cardiopulmonary resuscitation and automated external
26 defibrillator certification. The school district, public

1 school, or nonpublic school must maintain records related to
2 the training curriculum and trained personnel.

3 (h) A training curriculum to recognize and respond to
4 anaphylaxis, including the administration of an undesignated
5 epinephrine auto-injector, may be conducted online or in
6 person. It must include, but is not limited to:

7 (1) how to recognize symptoms of an allergic reaction;

8 (2) a review of high-risk areas within the school and
9 its related facilities;

10 (3) steps to take to prevent exposure to allergens;

11 (4) how to respond to an emergency involving an
12 allergic reaction;

13 (5) how to administer an epinephrine auto-injector;

14 (6) how to respond to a student with a known allergy as
15 well as a student with a previously unknown allergy;

16 (7) a test demonstrating competency of the knowledge
17 required to recognize anaphylaxis and administer an
18 epinephrine auto-injector; and

19 (8) other criteria as determined in rules adopted
20 pursuant to this Section.

21 In consultation with statewide professional organizations
22 representing physicians licensed to practice medicine in all of
23 its branches, registered nurses, and school nurses, the Board
24 shall make available resource materials consistent with
25 criteria in this subsection (h) for educating trained personnel
26 to recognize and respond to anaphylaxis. The Board may take

1 into consideration the curriculum on this subject developed by
2 other states, as well as any other curricular materials
3 suggested by medical experts and other groups that work on
4 life-threatening allergy issues. The Board is not required to
5 create new resource materials. The Board shall make these
6 resource materials available on its Internet website.

7 (i) Within 3 days after the administration of an
8 undesignated epinephrine auto-injector by a school nurse,
9 trained personnel, or a student at a school or school-sponsored
10 activity, the school must report to the Board in a form and
11 manner prescribed by the Board the following information:

12 (1) age and type of person receiving epinephrine
13 (student, staff, visitor);

14 (2) any previously known diagnosis of a severe allergy;

15 (3) trigger that precipitated allergic episode;

16 (4) location where symptoms developed;

17 (5) number of doses administered;

18 (6) type of person administering epinephrine (school
19 nurse, trained personnel, student); and

20 (7) any other information required by the Board.

21 (j) By October 1, 2015 and every year thereafter, the Board
22 shall submit a report to the General Assembly identifying the
23 frequency and circumstances of epinephrine administration
24 during the preceding academic year. This report shall be
25 published on the Board's Internet website on the date the
26 report is delivered to the General Assembly.

1 (k) The Board may adopt rules necessary to implement this
2 Section.

3 (Source: P.A. 97-361, eff. 8-15-11; 98-795, eff. 8-1-14.)

4 (105 ILCS 5/24-5) (from Ch. 122, par. 24-5)

5 Sec. 24-5. Physical fitness and professional growth.

6 (a) In this Section, "employee" means any employee of a
7 school district, a student teacher, an employee of a contractor
8 that provides services to students or in schools, or any other
9 individual subject to the requirements of Section 10-21.9 or
10 34-18.5 of this Code.

11 (b) School boards shall require of new employees evidence
12 of physical fitness to perform duties assigned and freedom from
13 communicable disease. Such evidence shall consist of a physical
14 examination by a physician licensed in Illinois or any other
15 state to practice medicine and surgery in all its branches, a
16 licensed ~~an~~ advanced practice nurse ~~who has a written~~
17 ~~collaborative agreement with a collaborating physician that~~
18 ~~authorizes the advanced practice nurse to perform health~~
19 ~~examinations,~~ or a licensed physician assistant ~~who has been~~
20 ~~delegated the authority to perform health examinations by his~~
21 ~~or her supervising physician~~ not more than 90 days preceding
22 time of presentation to the board, and the cost of such
23 examination shall rest with the employee. A new or existing
24 employee may be subject to additional health examinations,
25 including screening for tuberculosis, as required by rules

1 adopted by the Department of Public Health or by order of a
2 local public health official. The board may from time to time
3 require an examination of any employee by a physician licensed
4 in Illinois to practice medicine and surgery in all its
5 branches, a licensed ~~an~~ advanced practice nurse ~~who has a~~
6 ~~written collaborative agreement with a collaborating physician~~
7 ~~that authorizes the advanced practice nurse to perform health~~
8 ~~examinations,~~ or a licensed physician assistant ~~who has been~~
9 ~~delegated the authority to perform health examinations by his~~
10 ~~or her supervising physician~~ and shall pay the expenses thereof
11 from school funds.

12 (c) School boards may require teachers in their employ to
13 furnish from time to time evidence of continued professional
14 growth.

15 (Source: P.A. 98-716, eff. 7-16-14.)

16 (105 ILCS 5/24-6)

17 Sec. 24-6. Sick leave. The school boards of all school
18 districts, including special charter districts, but not
19 including school districts in municipalities of 500,000 or
20 more, shall grant their full-time teachers, and also shall
21 grant such of their other employees as are eligible to
22 participate in the Illinois Municipal Retirement Fund under the
23 "600-Hour Standard" established, or under such other
24 eligibility participation standard as may from time to time be
25 established, by rules and regulations now or hereafter

1 promulgated by the Board of that Fund under Section 7-198 of
2 the Illinois Pension Code, as now or hereafter amended, sick
3 leave provisions not less in amount than 10 days at full pay in
4 each school year. If any such teacher or employee does not use
5 the full amount of annual leave thus allowed, the unused amount
6 shall be allowed to accumulate to a minimum available leave of
7 180 days at full pay, including the leave of the current year.
8 Sick leave shall be interpreted to mean personal illness,
9 quarantine at home, serious illness or death in the immediate
10 family or household, or birth, adoption, or placement for
11 adoption. The school board may require a certificate from a
12 physician licensed in Illinois to practice medicine and surgery
13 in all its branches, a chiropractic physician licensed under
14 the Medical Practice Act of 1987, a licensed ~~an~~ advanced
15 practice nurse ~~who has a written collaborative agreement with a~~
16 ~~collaborating physician that authorizes the advanced practice~~
17 ~~nurse to perform health examinations,~~ a licensed physician
18 assistant ~~who has been delegated the authority to perform~~
19 ~~health examinations by his or her supervising physician,~~ or, if
20 the treatment is by prayer or spiritual means, a spiritual
21 adviser or practitioner of the teacher's or employee's faith as
22 a basis for pay during leave after an absence of 3 days for
23 personal illness or 30 days for birth or as the school board
24 may deem necessary in other cases. If the school board does
25 require a certificate as a basis for pay during leave of less
26 than 3 days for personal illness, the school board shall pay,

1 from school funds, the expenses incurred by the teachers or
2 other employees in obtaining the certificate. For paid leave
3 for adoption or placement for adoption, the school board may
4 require that the teacher or other employee provide evidence
5 that the formal adoption process is underway, and such leave is
6 limited to 30 days unless a longer leave has been negotiated
7 with the exclusive bargaining representative.

8 If, by reason of any change in the boundaries of school
9 districts, or by reason of the creation of a new school
10 district, the employment of a teacher is transferred to a new
11 or different board, the accumulated sick leave of such teacher
12 is not thereby lost, but is transferred to such new or
13 different district.

14 For purposes of this Section, "immediate family" shall
15 include parents, spouse, brothers, sisters, children,
16 grandparents, grandchildren, parents-in-law, brothers-in-law,
17 sisters-in-law, and legal guardians.

18 (Source: P.A. 95-151, eff. 8-14-07; 96-51, eff. 7-23-09;
19 96-367, eff. 8-13-09; 96-1000, eff. 7-2-10.)

20 (105 ILCS 5/26-1) (from Ch. 122, par. 26-1)

21 Sec. 26-1. Compulsory school age-Exemptions. Whoever has
22 custody or control of any child (i) between the ages of 7 and
23 17 years (unless the child has already graduated from high
24 school) for school years before the 2014-2015 school year or
25 (ii) between the ages of 6 (on or before September 1) and 17

1 years (unless the child has already graduated from high school)
2 beginning with the 2014-2015 school year shall cause such child
3 to attend some public school in the district wherein the child
4 resides the entire time it is in session during the regular
5 school term, except as provided in Section 10-19.1, and during
6 a required summer school program established under Section
7 10-22.33B; provided, that the following children shall not be
8 required to attend the public schools:

9 1. Any child attending a private or a parochial school
10 where children are taught the branches of education taught
11 to children of corresponding age and grade in the public
12 schools, and where the instruction of the child in the
13 branches of education is in the English language;

14 2. Any child who is physically or mentally unable to
15 attend school, such disability being certified to the
16 county or district truant officer by a competent physician
17 licensed in Illinois to practice medicine and surgery in
18 all its branches, a chiropractic physician licensed under
19 the Medical Practice Act of 1987, a licensed ~~an~~ advanced
20 practice nurse ~~who has a written collaborative agreement~~
21 ~~with a collaborating physician that authorizes the~~
22 ~~advanced practice nurse to perform health examinations, a~~
23 licensed physician assistant ~~who has been delegated the~~
24 ~~authority to perform health examinations by his or her~~
25 ~~supervising physician,~~ or a Christian Science practitioner
26 residing in this State and listed in the Christian Science

1 Journal; or who is excused for temporary absence for cause
2 by the principal or teacher of the school which the child
3 attends; the exemptions in this paragraph (2) do not apply
4 to any female who is pregnant or the mother of one or more
5 children, except where a female is unable to attend school
6 due to a complication arising from her pregnancy and the
7 existence of such complication is certified to the county
8 or district truant officer by a competent physician;

9 3. Any child necessarily and lawfully employed
10 according to the provisions of the law regulating child
11 labor may be excused from attendance at school by the
12 county superintendent of schools or the superintendent of
13 the public school which the child should be attending, on
14 certification of the facts by and the recommendation of the
15 school board of the public school district in which the
16 child resides. In districts having part time continuation
17 schools, children so excused shall attend such schools at
18 least 8 hours each week;

19 4. Any child over 12 and under 14 years of age while in
20 attendance at confirmation classes;

21 5. Any child absent from a public school on a
22 particular day or days or at a particular time of day for
23 the reason that he is unable to attend classes or to
24 participate in any examination, study or work requirements
25 on a particular day or days or at a particular time of day,
26 because the tenets of his religion forbid secular activity

1 on a particular day or days or at a particular time of day.
2 Each school board shall prescribe rules and regulations
3 relative to absences for religious holidays including, but
4 not limited to, a list of religious holidays on which it
5 shall be mandatory to excuse a child; but nothing in this
6 paragraph 5 shall be construed to limit the right of any
7 school board, at its discretion, to excuse an absence on
8 any other day by reason of the observance of a religious
9 holiday. A school board may require the parent or guardian
10 of a child who is to be excused from attending school due
11 to the observance of a religious holiday to give notice,
12 not exceeding 5 days, of the child's absence to the school
13 principal or other school personnel. Any child excused from
14 attending school under this paragraph 5 shall not be
15 required to submit a written excuse for such absence after
16 returning to school; and

17 6. Any child 16 years of age or older who (i) submits
18 to a school district evidence of necessary and lawful
19 employment pursuant to paragraph 3 of this Section and (ii)
20 is enrolled in a graduation incentives program pursuant to
21 Section 26-16 of this Code or an alternative learning
22 opportunities program established pursuant to Article 13B
23 of this Code.

24 (Source: P.A. 98-544, eff. 7-1-14.)

25 (105 ILCS 5/27-8.1) (from Ch. 122, par. 27-8.1)

1 Sec. 27-8.1. Health examinations and immunizations.

2 (1) In compliance with rules and regulations which the
3 Department of Public Health shall promulgate, and except as
4 hereinafter provided, all children in Illinois shall have a
5 health examination as follows: within one year prior to
6 entering kindergarten or the first grade of any public,
7 private, or parochial elementary school; upon entering the
8 sixth and ninth grades of any public, private, or parochial
9 school; prior to entrance into any public, private, or
10 parochial nursery school; and, irrespective of grade,
11 immediately prior to or upon entrance into any public, private,
12 or parochial school or nursery school, each child shall present
13 proof of having been examined in accordance with this Section
14 and the rules and regulations promulgated hereunder. Any child
15 who received a health examination within one year prior to
16 entering the fifth grade for the 2007-2008 school year is not
17 required to receive an additional health examination in order
18 to comply with the provisions of Public Act 95-422 when he or
19 she attends school for the 2008-2009 school year, unless the
20 child is attending school for the first time as provided in
21 this paragraph.

22 A tuberculosis skin test screening shall be included as a
23 required part of each health examination included under this
24 Section if the child resides in an area designated by the
25 Department of Public Health as having a high incidence of
26 tuberculosis. Additional health examinations of pupils,

1 including eye examinations, may be required when deemed
2 necessary by school authorities. Parents are encouraged to have
3 their children undergo eye examinations at the same points in
4 time required for health examinations.

5 (1.5) In compliance with rules adopted by the Department of
6 Public Health and except as otherwise provided in this Section,
7 all children in kindergarten and the second and sixth grades of
8 any public, private, or parochial school shall have a dental
9 examination. Each of these children shall present proof of
10 having been examined by a dentist in accordance with this
11 Section and rules adopted under this Section before May 15th of
12 the school year. If a child in the second or sixth grade fails
13 to present proof by May 15th, the school may hold the child's
14 report card until one of the following occurs: (i) the child
15 presents proof of a completed dental examination or (ii) the
16 child presents proof that a dental examination will take place
17 within 60 days after May 15th. The Department of Public Health
18 shall establish, by rule, a waiver for children who show an
19 undue burden or a lack of access to a dentist. Each public,
20 private, and parochial school must give notice of this dental
21 examination requirement to the parents and guardians of
22 students at least 60 days before May 15th of each school year.

23 (1.10) Except as otherwise provided in this Section, all
24 children enrolling in kindergarten in a public, private, or
25 parochial school on or after the effective date of this
26 amendatory Act of the 95th General Assembly and any student

1 enrolling for the first time in a public, private, or parochial
2 school on or after the effective date of this amendatory Act of
3 the 95th General Assembly shall have an eye examination. Each
4 of these children shall present proof of having been examined
5 by a physician licensed to practice medicine in all of its
6 branches or a licensed optometrist within the previous year, in
7 accordance with this Section and rules adopted under this
8 Section, before October 15th of the school year. If the child
9 fails to present proof by October 15th, the school may hold the
10 child's report card until one of the following occurs: (i) the
11 child presents proof of a completed eye examination or (ii) the
12 child presents proof that an eye examination will take place
13 within 60 days after October 15th. The Department of Public
14 Health shall establish, by rule, a waiver for children who show
15 an undue burden or a lack of access to a physician licensed to
16 practice medicine in all of its branches who provides eye
17 examinations or to a licensed optometrist. Each public,
18 private, and parochial school must give notice of this eye
19 examination requirement to the parents and guardians of
20 students in compliance with rules of the Department of Public
21 Health. Nothing in this Section shall be construed to allow a
22 school to exclude a child from attending because of a parent's
23 or guardian's failure to obtain an eye examination for the
24 child.

25 (2) The Department of Public Health shall promulgate rules
26 and regulations specifying the examinations and procedures

1 that constitute a health examination, which shall include the
2 collection of data relating to obesity (including at a minimum,
3 date of birth, gender, height, weight, blood pressure, and date
4 of exam), and a dental examination and may recommend by rule
5 that certain additional examinations be performed. The rules
6 and regulations of the Department of Public Health shall
7 specify that a tuberculosis skin test screening shall be
8 included as a required part of each health examination included
9 under this Section if the child resides in an area designated
10 by the Department of Public Health as having a high incidence
11 of tuberculosis. The Department of Public Health shall specify
12 that a diabetes screening as defined by rule shall be included
13 as a required part of each health examination. Diabetes testing
14 is not required.

15 Physicians licensed to practice medicine in all of its
16 branches, licensed advanced practice nurses ~~who have a written~~
17 ~~collaborative agreement with a collaborating physician which~~
18 ~~authorizes them to perform health examinations~~, or licensed
19 physician assistants ~~who have been delegated the performance of~~
20 ~~health examinations by their supervising physician~~ shall be
21 responsible for the performance of the health examinations,
22 other than dental examinations, eye examinations, and vision
23 and hearing screening, and shall sign all report forms required
24 by subsection (4) of this Section that pertain to those
25 portions of the health examination for which the physician,
26 advanced practice nurse, or physician assistant is

1 responsible. If a registered nurse performs any part of a
2 health examination, then a physician licensed to practice
3 medicine in all of its branches must review and sign all
4 required report forms. Licensed dentists shall perform all
5 dental examinations and shall sign all report forms required by
6 subsection (4) of this Section that pertain to the dental
7 examinations. Physicians licensed to practice medicine in all
8 its branches or licensed optometrists shall perform all eye
9 examinations required by this Section and shall sign all report
10 forms required by subsection (4) of this Section that pertain
11 to the eye examination. For purposes of this Section, an eye
12 examination shall at a minimum include history, visual acuity,
13 subjective refraction to best visual acuity near and far,
14 internal and external examination, and a glaucoma evaluation,
15 as well as any other tests or observations that in the
16 professional judgment of the doctor are necessary. Vision and
17 hearing screening tests, which shall not be considered
18 examinations as that term is used in this Section, shall be
19 conducted in accordance with rules and regulations of the
20 Department of Public Health, and by individuals whom the
21 Department of Public Health has certified. In these rules and
22 regulations, the Department of Public Health shall require that
23 individuals conducting vision screening tests give a child's
24 parent or guardian written notification, before the vision
25 screening is conducted, that states, "Vision screening is not a
26 substitute for a complete eye and vision evaluation by an eye

1 doctor. Your child is not required to undergo this vision
2 screening if an optometrist or ophthalmologist has completed
3 and signed a report form indicating that an examination has
4 been administered within the previous 12 months."

5 (3) Every child shall, at or about the same time as he or
6 she receives a health examination required by subsection (1) of
7 this Section, present to the local school proof of having
8 received such immunizations against preventable communicable
9 diseases as the Department of Public Health shall require by
10 rules and regulations promulgated pursuant to this Section and
11 the Communicable Disease Prevention Act.

12 (4) The individuals conducting the health examination,
13 dental examination, or eye examination shall record the fact of
14 having conducted the examination, and such additional
15 information as required, including for a health examination
16 data relating to obesity (including at a minimum, date of
17 birth, gender, height, weight, blood pressure, and date of
18 exam), on uniform forms which the Department of Public Health
19 and the State Board of Education shall prescribe for statewide
20 use. The examiner shall summarize on the report form any
21 condition that he or she suspects indicates a need for special
22 services, including for a health examination factors relating
23 to obesity. The individuals confirming the administration of
24 required immunizations shall record as indicated on the form
25 that the immunizations were administered.

26 (5) If a child does not submit proof of having had either

1 the health examination or the immunization as required, then
2 the child shall be examined or receive the immunization, as the
3 case may be, and present proof by October 15 of the current
4 school year, or by an earlier date of the current school year
5 established by a school district. To establish a date before
6 October 15 of the current school year for the health
7 examination or immunization as required, a school district must
8 give notice of the requirements of this Section 60 days prior
9 to the earlier established date. If for medical reasons one or
10 more of the required immunizations must be given after October
11 15 of the current school year, or after an earlier established
12 date of the current school year, then the child shall present,
13 by October 15, or by the earlier established date, a schedule
14 for the administration of the immunizations and a statement of
15 the medical reasons causing the delay, both the schedule and
16 the statement being issued by the physician, advanced practice
17 nurse, physician assistant, registered nurse, or local health
18 department that will be responsible for administration of the
19 remaining required immunizations. If a child does not comply by
20 October 15, or by the earlier established date of the current
21 school year, with the requirements of this subsection, then the
22 local school authority shall exclude that child from school
23 until such time as the child presents proof of having had the
24 health examination as required and presents proof of having
25 received those required immunizations which are medically
26 possible to receive immediately. During a child's exclusion

1 from school for noncompliance with this subsection, the child's
2 parents or legal guardian shall be considered in violation of
3 Section 26-1 and subject to any penalty imposed by Section
4 26-10. This subsection (5) does not apply to dental
5 examinations and eye examinations. If the student is an
6 out-of-state transfer student and does not have the proof
7 required under this subsection (5) before October 15 of the
8 current year or whatever date is set by the school district,
9 then he or she may only attend classes (i) if he or she has
10 proof that an appointment for the required vaccinations has
11 been scheduled with a party authorized to submit proof of the
12 required vaccinations. If the proof of vaccination required
13 under this subsection (5) is not submitted within 30 days after
14 the student is permitted to attend classes, then the student is
15 not to be permitted to attend classes until proof of the
16 vaccinations has been properly submitted. No school district or
17 employee of a school district shall be held liable for any
18 injury or illness to another person that results from admitting
19 an out-of-state transfer student to class that has an
20 appointment scheduled pursuant to this subsection (5).

21 (6) Every school shall report to the State Board of
22 Education by November 15, in the manner which that agency shall
23 require, the number of children who have received the necessary
24 immunizations and the health examination (other than a dental
25 examination or eye examination) as required, indicating, of
26 those who have not received the immunizations and examination

1 as required, the number of children who are exempt from health
2 examination and immunization requirements on religious or
3 medical grounds as provided in subsection (8). On or before
4 December 1 of each year, every public school district and
5 registered nonpublic school shall make publicly available the
6 immunization data they are required to submit to the State
7 Board of Education by November 15. The immunization data made
8 publicly available must be identical to the data the school
9 district or school has reported to the State Board of
10 Education.

11 Every school shall report to the State Board of Education
12 by June 30, in the manner that the State Board requires, the
13 number of children who have received the required dental
14 examination, indicating, of those who have not received the
15 required dental examination, the number of children who are
16 exempt from the dental examination on religious grounds as
17 provided in subsection (8) of this Section and the number of
18 children who have received a waiver under subsection (1.5) of
19 this Section.

20 Every school shall report to the State Board of Education
21 by June 30, in the manner that the State Board requires, the
22 number of children who have received the required eye
23 examination, indicating, of those who have not received the
24 required eye examination, the number of children who are exempt
25 from the eye examination as provided in subsection (8) of this
26 Section, the number of children who have received a waiver

1 under subsection (1.10) of this Section, and the total number
2 of children in noncompliance with the eye examination
3 requirement.

4 The reported information under this subsection (6) shall be
5 provided to the Department of Public Health by the State Board
6 of Education.

7 (7) Upon determining that the number of pupils who are
8 required to be in compliance with subsection (5) of this
9 Section is below 90% of the number of pupils enrolled in the
10 school district, 10% of each State aid payment made pursuant to
11 Section 18-8.05 to the school district for such year may be
12 withheld by the State Board of Education until the number of
13 students in compliance with subsection (5) is the applicable
14 specified percentage or higher.

15 (8) Parents or legal guardians who object to health,
16 dental, or eye examinations or any part thereof, or to
17 immunizations, on religious grounds shall not be required to
18 submit their children or wards to the examinations or
19 immunizations to which they so object if such parents or legal
20 guardians present to the appropriate local school authority a
21 signed statement of objection, detailing the grounds for the
22 objection. If the physical condition of the child is such that
23 any one or more of the immunizing agents should not be
24 administered, the examining physician, advanced practice
25 nurse, or physician assistant responsible for the performance
26 of the health examination shall endorse that fact upon the

1 health examination form. Exempting a child from the health,
2 dental, or eye examination does not exempt the child from
3 participation in the program of physical education training
4 provided in Sections 27-5 through 27-7 of this Code.

5 (9) For the purposes of this Section, "nursery schools"
6 means those nursery schools operated by elementary school
7 systems or secondary level school units or institutions of
8 higher learning.

9 (Source: P.A. 97-216, eff. 1-1-12; 97-910, eff. 1-1-13; 98-673,
10 eff. 6-30-14.)

11 Section 20. The Illinois Clinical Laboratory and Blood Bank
12 Act is amended by changing Section 7-101 as follows:

13 (210 ILCS 25/7-101) (from Ch. 111 1/2, par. 627-101)

14 Sec. 7-101. Examination of specimens. A clinical
15 laboratory shall examine specimens only at the request of (i) a
16 licensed physician, (ii) a licensed dentist, (iii) a licensed
17 podiatric physician, (iv) a licensed optometrist, (v) a
18 licensed physician assistant ~~in accordance with the written~~
19 ~~supervision agreement required under Section 7.5 of the~~
20 ~~Physician Assistant Practice Act of 1987 or when authorized~~
21 ~~under Section 7.7 of the Physician Assistant Practice Act of~~
22 ~~1987, (v-A) a licensed an advanced practice nurse ~~in accordance~~~~
23 ~~with the written collaborative agreement required under~~
24 ~~Section 65-35 of the Nurse Practice Act or when authorized~~

1 ~~under Section 65-45 of the Nurse Practice Act,~~ (vi) an
2 authorized law enforcement agency or, in the case of blood
3 alcohol, at the request of the individual for whom the test is
4 to be performed in compliance with Sections 11-501 and 11-501.1
5 of the Illinois Vehicle Code, or (vii) a genetic counselor with
6 the specific authority from a referral to order a test or tests
7 pursuant to subsection (b) of Section 20 of the Genetic
8 Counselor Licensing Act. If the request to a laboratory is
9 oral, the physician or other authorized person shall submit a
10 written request to the laboratory within 48 hours. If the
11 laboratory does not receive the written request within that
12 period, it shall note that fact in its records. For purposes of
13 this Section, a request made by electronic mail or fax
14 constitutes a written request.

15 (Source: P.A. 97-333, eff. 8-12-11; 98-185, eff. 1-1-14;
16 98-214, eff. 8-9-13; 98-756, eff. 7-16-14; 98-767, eff.
17 1-1-15.)

18 Section 25. The Home Health, Home Services, and Home
19 Nursing Agency Licensing Act is amended by changing Section
20 2.05 as follows:

21 (210 ILCS 55/2.05) (from Ch. 111 1/2, par. 2802.05)

22 Sec. 2.05. "Home health services" means services provided
23 to a person at his residence according to a plan of treatment
24 for illness or infirmity prescribed by a physician licensed to

1 practice medicine in all its branches, a licensed physician
2 assistant ~~who has been delegated the authority to prescribe~~
3 ~~home health services by his or her supervising physician, or a~~
4 licensed ~~an~~ advanced practice nurse ~~who has a written~~
5 ~~collaborative agreement with a collaborating physician that~~
6 ~~delegates the authority to prescribe home health services.~~ Such
7 services include part time and intermittent nursing services
8 and other therapeutic services such as physical therapy,
9 occupational therapy, speech therapy, medical social services,
10 or services provided by a home health aide.

11 (Source: P.A. 98-261, eff. 8-9-13.)

12 Section 30. The Illinois Insurance Code is amended by
13 changing Sections 356g.5 and 356z.1 as follows:

14 (215 ILCS 5/356g.5)

15 Sec. 356g.5. Clinical breast exam.

16 (a) The General Assembly finds that clinical breast
17 examinations are a critical tool in the early detection of
18 breast cancer, while the disease is in its earlier and
19 potentially more treatable stages. Insurer reimbursement of
20 clinical breast examinations is essential to the effort to
21 reduce breast cancer deaths in Illinois.

22 (b) Every insurer shall provide, in each group or
23 individual policy, contract, or certificate of accident or
24 health insurance issued or renewed for persons who are

1 residents of Illinois, coverage for complete and thorough
2 clinical breast examinations as indicated by guidelines of
3 practice, performed by a physician licensed to practice
4 medicine in all its branches, a licensed ~~an~~ advanced practice
5 nurse ~~who has a collaborative agreement with a collaborating~~
6 ~~physician that authorizes breast examinations,~~ or a licensed
7 physician assistant ~~who has been delegated authority to provide~~
8 ~~breast examinations,~~ to check for lumps and other changes for
9 the purpose of early detection and prevention of breast cancer
10 as follows:

11 (1) at least every 3 years for women at least 20 years
12 of age but less than 40 years of age; and

13 (2) annually for women 40 years of age or older.

14 (c) Upon approval of a nationally recognized separate and
15 distinct clinical breast exam code that is compliant with all
16 State and federal laws, rules, and regulations, public and
17 private insurance plans shall take action to cover clinical
18 breast exams on a separate and distinct basis.

19 (Source: P.A. 95-189, eff. 8-16-07.)

20 (215 ILCS 5/356z.1)

21 Sec. 356z.1. Prenatal HIV testing. An individual or group
22 policy of accident and health insurance that provides maternity
23 coverage and is amended, delivered, issued, or renewed after
24 the effective date of this amendatory Act of the 92nd General
25 Assembly must provide coverage for prenatal HIV testing ordered

1 by an attending physician licensed to practice medicine in all
2 its branches, or by a physician assistant or advanced practice
3 registered nurse ~~who has a written collaborative agreement with~~
4 ~~a collaborating physician that authorizes these services,~~
5 including but not limited to orders consistent with the
6 recommendations of the American College of Obstetricians and
7 Gynecologists or the American Academy of Pediatrics.

8 (Source: P.A. 92-130, eff. 7-20-01.)

9 Section 33. The Medical Practice Act of 1987 is amended by
10 changing Section 54.5 as follows:

11 (225 ILCS 60/54.5)

12 (Section scheduled to be repealed on December 31, 2015)

13 Sec. 54.5. Physician delegation of authority to physician
14 assistants, advanced practice nurses, and prescribing
15 psychologists.

16 (a) Physicians licensed to practice medicine in all its
17 branches may delegate care and treatment responsibilities to a
18 physician assistant under guidelines in accordance with the
19 requirements of the Physician Assistant Practice Act of 1987. A
20 physician licensed to practice medicine in all its branches may
21 enter into supervising physician agreements with no more than 5
22 physician assistants as set forth in subsection (a) of Section
23 7 of the Physician Assistant Practice Act of 1987.

24 (b) A physician licensed to practice medicine in all its

1 branches in active clinical practice may collaborate with an
2 advanced practice nurse in accordance with the requirements of
3 the Nurse Practice Act. Collaboration is for the purpose of
4 providing medical consultation, and no employment relationship
5 is required. A written collaborative agreement shall conform to
6 the requirements of Section 65-35 of the Nurse Practice Act.
7 The written collaborative agreement shall be for services in
8 the same area of practice or specialty as the collaborating
9 physician ~~generally provides or may provide~~ in his or her
10 clinical medical practice. A written collaborative agreement
11 shall be adequate with respect to collaboration with advanced
12 practice nurses if all of the following apply:

13 (1) The agreement is written to promote the exercise of
14 professional judgment by the advanced practice nurse
15 commensurate with his or her education and experience. ~~The~~
16 ~~agreement need not describe the exact steps that an~~
17 ~~advanced practice nurse must take with respect to each~~
18 ~~specific condition, disease, or symptom, but must specify~~
19 ~~those procedures that require a physician's presence as the~~
20 ~~procedures are being performed.~~

21 ~~(2) Practice guidelines and orders are developed and~~
22 ~~approved jointly by the advanced practice nurse and~~
23 ~~collaborating physician, as needed, based on the practice~~
24 ~~of the practitioners. Such guidelines and orders and the~~
25 ~~patient services provided thereunder are periodically~~
26 ~~reviewed by the collaborating physician.~~

1 (2) ~~(3)~~ The advance practice nurse provides services
2 based upon a written collaborative agreement with the
3 collaborating physician ~~generally provides or may provide~~
4 ~~in his or her clinical medical practice,~~ except as set
5 forth in subsection (b-5) of this Section. With respect to
6 labor and delivery, the collaborating physician must
7 provide delivery services in order to participate with a
8 certified nurse midwife.

9 ~~(4) The collaborating physician and advanced practice~~
10 ~~nurse consult at least once a month to provide~~
11 ~~collaboration and consultation.~~

12 (3) ~~(5)~~ Methods of communication are available with the
13 collaborating physician in person or through
14 telecommunications for consultation, collaboration, and
15 referral as needed to address patient care needs.

16 ~~(6) The agreement contains provisions detailing notice~~
17 ~~for termination or change of status involving a written~~
18 ~~collaborative agreement, except when such notice is given~~
19 ~~for just cause.~~

20 (b-5) An anesthesiologist or physician licensed to
21 practice medicine in all its branches may collaborate with a
22 certified registered nurse anesthetist in accordance with
23 Section 65-35 of the Nurse Practice Act for the provision of
24 anesthesia services. With respect to the provision of
25 anesthesia services, the collaborating anesthesiologist or
26 physician shall have training and experience in the delivery of

1 anesthesia services consistent with Department rules.

2 Collaboration shall be adequate if:

3 (1) an anesthesiologist or a physician participates in
4 the joint formulation and joint approval of orders or
5 guidelines and periodically reviews such orders and the
6 services provided patients under such orders; and

7 (2) for anesthesia services, the anesthesiologist or
8 physician participates through discussion of and agreement
9 with the anesthesia plan and is physically present and
10 available on the premises during the delivery of anesthesia
11 services for diagnosis, consultation, and treatment of
12 emergency medical conditions. Anesthesia services in a
13 hospital shall be conducted in accordance with Section 10.7
14 of the Hospital Licensing Act and in an ambulatory surgical
15 treatment center in accordance with Section 6.5 of the
16 Ambulatory Surgical Treatment Center Act.

17 (b-10) The anesthesiologist or operating physician must
18 agree with the anesthesia plan prior to the delivery of
19 services.

20 (c) The supervising physician shall have access to the
21 medical records of all patients attended by a physician
22 assistant. The collaborating physician shall have access to the
23 medical records of all patients attended to by an advanced
24 practice nurse.

25 (d) (Blank).

26 (e) A physician shall not be liable for the acts or

1 omissions of a prescribing psychologist, physician assistant,
2 or advanced practice nurse solely on the basis of having signed
3 a supervision agreement or guidelines or a collaborative
4 agreement, an order, a standing medical order, a standing
5 delegation order, or other order or guideline authorizing a
6 prescribing psychologist, physician assistant, or advanced
7 practice nurse to perform acts, unless the physician has reason
8 to believe the prescribing psychologist, physician assistant,
9 or advanced practice nurse lacked the competency to perform the
10 act or acts or commits willful and wanton misconduct.

11 (f) A collaborating physician may, but is not required to,
12 delegate prescriptive authority to an advanced practice nurse
13 as part of a written collaborative agreement, and the
14 delegation of prescriptive authority shall conform to the
15 requirements of Section 65-40 of the Nurse Practice Act.

16 (g) A supervising physician may, but is not required to,
17 delegate prescriptive authority to a physician assistant as
18 part of a written supervision agreement, and the delegation of
19 prescriptive authority shall conform to the requirements of
20 Section 7.5 of the Physician Assistant Practice Act of 1987.

21 (h) (Blank). ~~For the purposes of this Section, "generally~~
22 ~~provides or may provide in his or her clinical medical~~
23 ~~practice" means categories of care or treatment, not specific~~
24 ~~tasks or duties, that the physician provides individually or~~
25 ~~through delegation to other persons so that the physician has~~
26 ~~the experience and ability to provide collaboration and~~

1 ~~consultation. This definition shall not be construed to~~
2 ~~prohibit an advanced practice nurse from providing primary~~
3 ~~health treatment or care within the scope of his or her~~
4 ~~training and experience, including, but not limited to, health~~
5 ~~screenings, patient histories, physical examinations, women's~~
6 ~~health examinations, or school physicals that may be provided~~
7 ~~as part of the routine practice of an advanced practice nurse~~
8 ~~or on a volunteer basis.~~

9 (i) A collaborating physician shall delegate prescriptive
10 authority to a prescribing psychologist as part of a written
11 collaborative agreement, and the delegation of prescriptive
12 authority shall conform to the requirements of Section 4.3 of
13 the Clinical Psychologist Licensing Act.

14 (Source: P.A. 97-358, eff. 8-12-11; 97-1071, eff. 8-24-12;
15 98-192, eff. 1-1-14; 98-668, eff. 6-25-14.)

16 Section 35. The Nurse Practice Act is amended by changing
17 Sections 50-10, 65-35, and 65-45 and by adding Section 65-35.1
18 as follows:

19 (225 ILCS 65/50-10) (was 225 ILCS 65/5-10)

20 (Section scheduled to be repealed on January 1, 2018)

21 Sec. 50-10. Definitions. Each of the following terms, when
22 used in this Act, shall have the meaning ascribed to it in this
23 Section, except where the context clearly indicates otherwise:

24 "Academic year" means the customary annual schedule of

1 courses at a college, university, or approved school,
2 customarily regarded as the school year as distinguished from
3 the calendar year.

4 "Advanced practice nurse" or "APN" means a person who has
5 met the qualifications for a (i) certified nurse midwife (CNM);
6 (ii) certified nurse practitioner (CNP); (iii) certified
7 registered nurse anesthetist (CRNA); or (iv) clinical nurse
8 specialist (CNS) and has been licensed by the Department. All
9 advanced practice nurses licensed and practicing in the State
10 of Illinois shall use the title APN and may use specialty
11 credentials CNM, CNP, CRNA, or CNS after their name. All
12 advanced practice nurses may only practice in accordance with
13 national certification and this Act.

14 "Approved program of professional nursing education" and
15 "approved program of practical nursing education" are programs
16 of professional or practical nursing, respectively, approved
17 by the Department under the provisions of this Act.

18 "Board" means the Board of Nursing appointed by the
19 Secretary.

20 "Collaboration" means a process involving 2 or more health
21 care professionals working together, each contributing one's
22 respective area of expertise to provide more comprehensive
23 patient care.

24 "Consultation" means the process whereby an advanced
25 practice nurse seeks the advice or opinion of another health
26 care professional.

1 "Credentialed" means the process of assessing and
2 validating the qualifications of a health care professional.

3 "Current nursing practice update course" means a planned
4 nursing education curriculum approved by the Department
5 consisting of activities that have educational objectives,
6 instructional methods, content or subject matter, clinical
7 practice, and evaluation methods, related to basic review and
8 updating content and specifically planned for those nurses
9 previously licensed in the United States or its territories and
10 preparing for reentry into nursing practice.

11 "Dentist" means a person licensed to practice dentistry
12 under the Illinois Dental Practice Act.

13 "Department" means the Department of Financial and
14 Professional Regulation.

15 "Impaired nurse" means a nurse licensed under this Act who
16 is unable to practice with reasonable skill and safety because
17 of a physical or mental disability as evidenced by a written
18 determination or written consent based on clinical evidence,
19 including loss of motor skills, abuse of drugs or alcohol, or a
20 psychiatric disorder, of sufficient degree to diminish his or
21 her ability to deliver competent patient care.

22 "License-pending advanced practice nurse" means a
23 registered professional nurse who has completed all
24 requirements for licensure as an advanced practice nurse except
25 the certification examination and has applied to take the next
26 available certification exam and received a temporary license

1 from the Department.

2 "License-pending registered nurse" means a person who has
3 passed the Department-approved registered nurse licensure exam
4 and has applied for a license from the Department. A
5 license-pending registered nurse shall use the title "RN lic
6 pend" on all documentation related to nursing practice.

7 "Physician" means a person licensed to practice medicine in
8 all its branches under the Medical Practice Act of 1987.

9 "Podiatric physician" means a person licensed to practice
10 podiatry under the Podiatric Medical Practice Act of 1987.

11 "Practical nurse" or "licensed practical nurse" means a
12 person who is licensed as a practical nurse under this Act and
13 practices practical nursing as defined in this Act. Only a
14 practical nurse licensed under this Act is entitled to use the
15 title "licensed practical nurse" and the abbreviation
16 "L.P.N.".

17 "Practical nursing" means the performance of nursing acts
18 requiring the basic nursing knowledge, ~~judgment~~ ~~judgement~~, and
19 skill acquired by means of completion of an approved practical
20 nursing education program. Practical nursing includes
21 assisting in the nursing process as delegated by a registered
22 professional nurse or an advanced practice nurse. The practical
23 nurse may work under the direction of a licensed physician,
24 dentist, podiatric physician, or other health care
25 professional determined by the Department.

26 "Privileged" means the authorization granted by the

1 governing body of a healthcare facility, agency, or
2 organization to provide specific patient care services within
3 well-defined limits, based on qualifications reviewed in the
4 credentialing process.

5 "Registered Nurse" or "Registered Professional Nurse"
6 means a person who is licensed as a professional nurse under
7 this Act and practices nursing as defined in this Act. Only a
8 registered nurse licensed under this Act is entitled to use the
9 titles "registered nurse" and "registered professional nurse"
10 and the abbreviation, "R.N.".

11 "Registered professional nursing practice" is a scientific
12 process founded on a professional body of knowledge; it is a
13 learned profession based on the understanding of the human
14 condition across the life span and environment and includes all
15 nursing specialties and means the performance of any nursing
16 act based upon professional knowledge, judgment, and skills
17 acquired by means of completion of an approved professional
18 nursing education program. A registered professional nurse
19 provides holistic nursing care through the nursing process to
20 individuals, groups, families, or communities, that includes
21 but is not limited to: (1) the assessment of healthcare needs,
22 nursing diagnosis, planning, implementation, and nursing
23 evaluation; (2) the promotion, maintenance, and restoration of
24 health; (3) counseling, patient education, health education,
25 and patient advocacy; (4) the administration of medications and
26 treatments as prescribed by a physician licensed to practice

1 medicine in all of its branches, a licensed dentist, a licensed
2 podiatric physician, or a licensed optometrist or as prescribed
3 by a physician assistant ~~in accordance with written guidelines~~
4 ~~required under the Physician Assistant Practice Act of 1987~~ or
5 by an advanced practice nurse ~~in accordance with Article 65 of~~
6 ~~this Act~~; (5) the coordination and management of the nursing
7 plan of care; (6) the delegation to and supervision of
8 individuals who assist the registered professional nurse
9 implementing the plan of care; and (7) teaching nursing
10 students. The foregoing shall not be deemed to include those
11 acts of medical diagnosis or prescription of therapeutic or
12 corrective measures.

13 "Professional assistance program for nurses" means a
14 professional assistance program that meets criteria
15 established by the Board of Nursing and approved by the
16 Secretary, which provides a non-disciplinary treatment
17 approach for nurses licensed under this Act whose ability to
18 practice is compromised by alcohol or chemical substance
19 addiction.

20 "Secretary" means the Secretary of Financial and
21 Professional Regulation.

22 "Unencumbered license" means a license issued in good
23 standing.

24 "Written collaborative agreement" means a written
25 agreement between an advanced practice nurse and a
26 collaborating physician, dentist, or podiatric physician

1 pursuant to Section 65-35.

2 (Source: P.A. 97-813, eff. 7-13-12; 98-214, eff. 8-9-13.)

3 (225 ILCS 65/65-35) (was 225 ILCS 65/15-15)

4 (Section scheduled to be repealed on January 1, 2018)

5 Sec. 65-35. Written collaborative agreements.

6 (a) A written collaborative agreement is required for all
7 advanced practice nurses engaged in clinical practice, except
8 for advanced practice nurses who are authorized to practice in
9 a hospital, hospital affiliate, or ambulatory surgical
10 treatment center.

11 (a-5) If an advanced practice nurse engages in clinical
12 practice outside of a hospital, hospital affiliate, or
13 ambulatory surgical treatment center in which he or she is
14 authorized to practice, the advanced practice nurse must have a
15 written collaborative agreement.

16 (b) A written collaborative agreement shall describe the
17 ~~working~~ relationship of the advanced practice nurse with the
18 collaborating physician or podiatric physician and shall
19 describe ~~authorize~~ the categories of care, treatment, or
20 procedures to be provided ~~performed~~ by the advanced practice
21 nurse. A collaborative agreement with a dentist must be in
22 accordance with subsection (c-10) of this Section.
23 Collaboration does not require an employment relationship
24 between the collaborating physician or podiatric physician and
25 advanced practice nurse. ~~Collaboration means the relationship~~

1 ~~under which an advanced practice nurse works with a~~
2 ~~collaborating physician or podiatric physician in an active~~
3 ~~clinical practice to deliver health care services in accordance~~
4 ~~with (i) the advanced practice nurse's training, education, and~~
5 ~~experience and (ii) collaboration and consultation as~~
6 ~~documented in a jointly developed written collaborative~~
7 ~~agreement.~~

8 ~~The agreement shall promote the exercise of professional~~
9 ~~judgment by the advanced practice nurse commensurate with his~~
10 ~~or her education and experience. The services to be provided by~~
11 ~~the advanced practice nurse shall be services that the~~
12 ~~collaborating physician or podiatric physician is authorized~~
13 ~~to and generally provides or may provide in his or her clinical~~
14 ~~medical or podiatric practice, except as set forth in~~
15 ~~subsection (b 5) or (c 5) of this Section. The agreement need~~
16 ~~not describe the exact steps that an advanced practice nurse~~
17 ~~must take with respect to each specific condition, disease, or~~
18 ~~symptom but must specify which authorized procedures require~~
19 ~~the presence of the collaborating physician or podiatric~~
20 ~~physician as the procedures are being performed. The~~
21 collaborative relationship under an agreement shall not be
22 construed to require the personal presence of a physician or
23 podiatric physician at the place where services are rendered.
24 Methods of communication shall be available for consultation
25 with the collaborating physician or podiatric physician in
26 person or by telecommunications or electronic communications

1 ~~in accordance with established written guidelines~~ as set forth
2 in the written agreement.

3 (b-5) Absent an employment relationship, a written
4 collaborative agreement may not (1) restrict the categories of
5 patients of an advanced practice nurse within the scope of the
6 advanced practice nurses training and experience, (2) limit
7 third party payors or government health programs, such as the
8 medical assistance program or Medicare with which the advanced
9 practice nurse contracts, or (3) limit the geographic area or
10 practice location of the advanced practice nurse in this State.

11 ~~(c) Collaboration and consultation under all collaboration~~
12 ~~agreements shall be adequate if a collaborating physician or~~
13 ~~podiatric physician does each of the following:~~

14 ~~(1) Participates in the joint formulation and joint~~
15 ~~approval of orders or guidelines with the advanced practice~~
16 ~~nurse and he or she periodically reviews such orders and~~
17 ~~the services provided patients under such orders in~~
18 ~~accordance with accepted standards of medical practice or~~
19 ~~podiatric practice and advanced practice nursing practice.~~

20 ~~(2) Provides collaboration and consultation with the~~
21 ~~advanced practice nurse at least once a month. In the case~~
22 ~~of anesthesia services provided by a certified registered~~
23 ~~nurse anesthetist, an anesthesiologist, a physician, a~~
24 ~~dentist, or a podiatric physician must participate through~~
25 ~~discussion of and agreement with the anesthesia plan and~~
26 ~~remain physically present and available on the premises~~

1 ~~during the delivery of anesthesia services for diagnosis,~~
2 ~~consultation, and treatment of emergency medical~~
3 ~~conditions.~~

4 ~~(3) Is available through telecommunications for~~
5 ~~consultation on medical problems, complications, or~~
6 ~~emergencies or patient referral.~~ In the case of anesthesia
7 services provided by a certified registered nurse
8 anesthetist, an anesthesiologist, a physician, a dentist,
9 or a podiatric physician must participate through
10 discussion of and agreement with the anesthesia plan and
11 remain physically present and available on the premises
12 during the delivery of anesthesia services for diagnosis,
13 consultation, and treatment of emergency medical
14 conditions.

15 ~~The agreement must contain provisions detailing notice for~~
16 ~~termination or change of status involving a written~~
17 ~~collaborative agreement, except when such notice is given for~~
18 ~~just cause.~~

19 (c-5) A certified registered nurse anesthetist, who
20 provides anesthesia services outside of a hospital or
21 ambulatory surgical treatment center shall enter into a written
22 collaborative agreement with an anesthesiologist or the
23 physician licensed to practice medicine in all its branches or
24 the podiatric physician performing the procedure. Outside of a
25 hospital or ambulatory surgical treatment center, the
26 certified registered nurse anesthetist may provide only those

1 services that the collaborating podiatric physician is
2 authorized to provide pursuant to the Podiatric Medical
3 Practice Act of 1987 and rules adopted thereunder. A certified
4 registered nurse anesthetist may select, order, and administer
5 medication, including controlled substances, and apply
6 appropriate medical devices for delivery of anesthesia
7 services under the anesthesia plan agreed with by the
8 anesthesiologist or the operating physician or operating
9 podiatric physician.

10 (c-10) A certified registered nurse anesthetist who
11 provides anesthesia services in a dental office shall enter
12 into a written collaborative agreement with an
13 anesthesiologist or the physician licensed to practice
14 medicine in all its branches or the operating dentist
15 performing the procedure. The agreement shall describe the
16 working relationship of the certified registered nurse
17 anesthetist and dentist and shall authorize the categories of
18 care, treatment, or procedures to be performed by the certified
19 registered nurse anesthetist. In a collaborating dentist's
20 office, the certified registered nurse anesthetist may only
21 provide those services that the operating dentist with the
22 appropriate permit is authorized to provide pursuant to the
23 Illinois Dental Practice Act and rules adopted thereunder. For
24 anesthesia services, an anesthesiologist, physician, or
25 operating dentist shall participate through discussion of and
26 agreement with the anesthesia plan and shall remain physically

1 present and be available on the premises during the delivery of
2 anesthesia services for diagnosis, consultation, and treatment
3 of emergency medical conditions. A certified registered nurse
4 anesthetist may select, order, and administer medication,
5 including controlled substances, and apply appropriate medical
6 devices for delivery of anesthesia services under the
7 anesthesia plan agreed with by the operating dentist.

8 (d) A copy of the signed, written collaborative agreement
9 must be available to the Department upon request from both the
10 advanced practice nurse and the collaborating physician,
11 dentist, or podiatric physician.

12 (e) Nothing in this Act shall be construed to limit the
13 delegation of tasks or duties by a physician to a licensed
14 practical nurse, a registered professional nurse, or other
15 persons in accordance with Section 54.2 of the Medical Practice
16 Act of 1987. Nothing in this Act shall be construed to limit
17 the method of delegation that may be authorized by any means,
18 including, but not limited to, oral, written, electronic,
19 standing orders, protocols, guidelines, or verbal orders.
20 Nothing in this Act shall be construed to authorize an advanced
21 practice nurse to provide health care services required by law
22 or rule to be performed by a physician.

23 (f) An advanced practice nurse shall inform each
24 collaborating physician, dentist, or podiatric physician of
25 all collaborative agreements he or she has signed and provide a
26 copy of these to any collaborating physician, dentist, or

1 podiatric physician upon request.

2 (g) (Blank). ~~For the purposes of this Act, "generally~~
3 ~~provides or may provide in his or her clinical medical~~
4 ~~practice" means categories of care or treatment, not specific~~
5 ~~tasks or duties, the physician provides individually or through~~
6 ~~delegation to other persons so that the physician has the~~
7 ~~experience and ability to provide collaboration and~~
8 ~~consultation. This definition shall not be construed to~~
9 ~~prohibit an advanced practice nurse from providing primary~~
10 ~~health treatment or care within the scope of his or her~~
11 ~~training and experience, including, but not limited to, health~~
12 ~~screenings, patient histories, physical examinations, women's~~
13 ~~health examinations, or school physicals that may be provided~~
14 ~~as part of the routine practice of an advanced practice nurse~~
15 ~~or on a volunteer basis.~~

16 ~~For the purposes of this Act, "generally provides or may~~
17 ~~provide in his or her clinical podiatric practice" means~~
18 ~~services, not specific tasks or duties, that the podiatric~~
19 ~~physician routinely provides individually or through~~
20 ~~delegation to other persons so that the podiatric physician has~~
21 ~~the experience and ability to provide collaboration and~~
22 ~~consultation.~~

23 (Source: P.A. 97-358, eff. 8-12-11; 98-192, eff. 1-1-14;
24 98-214, eff. 8-9-13; 98-756, eff. 7-16-14.)

1 Sec. 65-35.1. Written collaborative agreement; temporary
2 practice. Any advanced practice nurse required to enter into a
3 written collaborative agreement with a collaborating physician
4 or collaborating podiatrist is authorized to continue to
5 practice for up to 90 days after the termination of a
6 collaborative agreement provided the advanced practice nurse
7 seeks any needed collaboration at a local hospital and refers
8 patients who require services beyond the training and
9 experience of the advanced practice nurse to a physician or
10 other health care provider.

11 (225 ILCS 65/65-45) (was 225 ILCS 65/15-25)

12 (Section scheduled to be repealed on January 1, 2018)

13 Sec. 65-45. Advanced practice nursing in hospitals,
14 hospital affiliates, or ambulatory surgical treatment centers.

15 (a) An advanced practice nurse may provide services in a
16 hospital or a hospital affiliate as those terms are defined in
17 the Hospital Licensing Act or the University of Illinois
18 Hospital Act or a licensed ambulatory surgical treatment center
19 without a written collaborative agreement pursuant to Section
20 65-35 of this Act. An advanced practice nurse must possess
21 clinical privileges recommended by the hospital medical staff
22 and granted by the hospital or the consulting medical staff
23 committee and ambulatory surgical treatment center in order to
24 provide services. The medical staff or consulting medical staff
25 committee shall periodically review the services of advanced

1 practice nurses granted clinical privileges, including any
2 care provided in a hospital affiliate. Authority may also be
3 granted when recommended by the hospital medical staff and
4 granted by the hospital or recommended by the consulting
5 medical staff committee and ambulatory surgical treatment
6 center to individual advanced practice nurses to select, order,
7 and administer medications, including controlled substances,
8 to provide delineated care. In a hospital, hospital affiliate,
9 or ambulatory surgical treatment center, the attending
10 physician shall determine an advanced practice nurse's role in
11 providing care for his or her patients, except as otherwise
12 provided in the medical staff bylaws or consulting committee
13 policies.

14 (a-2) An advanced practice nurse granted authority to order
15 medications including controlled substances may complete
16 discharge prescriptions provided the prescription is in the
17 name of the advanced practice nurse and the attending or
18 discharging physician.

19 (a-3) Advanced practice nurses practicing in a hospital or
20 an ambulatory surgical treatment center are not required to
21 obtain a mid-level controlled substance license to order
22 controlled substances under Section 303.05 of the Illinois
23 Controlled Substances Act.

24 (a-5) For anesthesia services provided by a certified
25 registered nurse anesthetist, an anesthesiologist, physician,
26 dentist, or podiatric physician shall participate through

1 discussion of and agreement with the anesthesia plan and shall
2 remain physically present and be available on the premises
3 during the delivery of anesthesia services for diagnosis,
4 consultation, and treatment of emergency medical conditions,
5 unless hospital policy adopted pursuant to clause (B) of
6 subdivision (3) of Section 10.7 of the Hospital Licensing Act
7 or ambulatory surgical treatment center policy adopted
8 pursuant to clause (B) of subdivision (3) of Section 6.5 of the
9 Ambulatory Surgical Treatment Center Act provides otherwise. A
10 certified registered nurse anesthetist may select, order, and
11 administer medication for anesthesia services under the
12 anesthesia plan agreed to by the anesthesiologist or the
13 physician, in accordance with hospital alternative policy or
14 the medical staff consulting committee policies of a licensed
15 ambulatory surgical treatment center.

16 (b) An advanced practice nurse who provides services in a
17 hospital shall do so in accordance with Section 10.7 of the
18 Hospital Licensing Act and, in an ambulatory surgical treatment
19 center, in accordance with Section 6.5 of the Ambulatory
20 Surgical Treatment Center Act.

21 (c) Advanced practice nurses certified as nurse
22 practitioners, nurse midwives, or clinical nurse specialists
23 practicing in a hospital affiliate may be, but are not required
24 to be, granted authority to prescribe Schedule II through V
25 controlled substances when such authority is recommended by the
26 appropriate physician committee of the hospital affiliate and

1 granted by the hospital affiliate. This authority may, but is
2 not required to, include prescription of, selection of, orders
3 for, administration of, storage of, acceptance of samples of,
4 and dispensing over-the-counter medications, legend drugs,
5 medical gases, and controlled substances categorized as
6 Schedule II through V controlled substances, as defined in
7 Article II of the Illinois Controlled Substances Act, and other
8 preparations, including, but not limited to, botanical and
9 herbal remedies.

10 To prescribe controlled substances under this subsection
11 (c), an advanced practice nurse certified as a nurse
12 practitioner, nurse midwife, or clinical nurse specialist must
13 obtain a mid-level practitioner controlled substance license.
14 Medication orders shall be reviewed periodically by the
15 appropriate hospital affiliate physicians committee or its
16 physician designee.

17 The hospital affiliate shall file with the Department
18 notice of a grant of prescriptive authority consistent with
19 this subsection (c) and termination of such a grant of
20 authority, in accordance with rules of the Department. Upon
21 receipt of this notice of grant of authority to prescribe any
22 Schedule II through V controlled substances, the licensed
23 advanced practice nurse certified as a nurse practitioner,
24 nurse midwife, or clinical nurse specialist may register for a
25 mid-level practitioner controlled substance license under
26 Section 303.05 of the Illinois Controlled Substances Act.

1 In addition, a hospital affiliate may, but is not required
2 to, grant authority to an advanced practice nurse certified as
3 a nurse practitioner, nurse midwife, or clinical nurse
4 specialist to prescribe any Schedule II controlled substances,
5 if all of the following conditions apply:

6 (1) specific Schedule II controlled substances by oral
7 dosage or topical or transdermal application may be
8 designated, provided that the designated Schedule II
9 controlled substances are routinely prescribed by advanced
10 practice nurses in their area of certification; this grant
11 of authority must identify the specific Schedule II
12 controlled substances by either brand name or generic name;
13 authority to prescribe or dispense Schedule II controlled
14 substances to be delivered by injection or other route of
15 administration may not be granted;

16 (2) any grant of authority must be controlled
17 substances limited to the practice of the advanced practice
18 nurse;

19 (3) any prescription must be limited to no more than a
20 30-day supply;

21 (4) the advanced practice nurse must discuss the
22 condition of any patients for whom a controlled substance
23 is prescribed monthly with the appropriate physician
24 committee of the hospital affiliate or its physician
25 designee; and

26 (5) the advanced practice nurse must meet the education

1 requirements of Section 303.05 of the Illinois Controlled
2 Substances Act.

3 (Source: P.A. 97-358, eff. 8-12-11; 98-214, eff. 8-9-13.)

4 Section 40. The Illinois Occupational Therapy Practice Act
5 is amended by changing Section 3.1 as follows:

6 (225 ILCS 75/3.1)

7 (Section scheduled to be repealed on January 1, 2024)

8 Sec. 3.1. Referrals.

9 (a) A licensed occupational therapist or licensed
10 occupational therapy assistant may consult with, educate,
11 evaluate, and monitor services for individuals, groups, and
12 populations concerning occupational therapy needs. Except as
13 indicated in subsections (b) and (c) of this Section,
14 implementation of direct occupational therapy treatment to
15 individuals for their specific health care conditions shall be
16 based upon a referral from a licensed physician, dentist,
17 podiatric physician, ~~or~~ advanced practice nurse ~~who has a~~
18 ~~written collaborative agreement with a collaborating physician~~
19 ~~to provide or accept referrals from licensed occupational~~
20 ~~therapists, physician assistant who has been delegated~~
21 ~~authority to provide or accept referrals from or to licensed~~
22 ~~occupational therapists, or optometrist.~~

23 (b) A referral is not required for the purpose of providing
24 consultation, habilitation, screening, education, wellness,

1 prevention, environmental assessments, and work-related
2 ergonomic services to individuals, groups, or populations.

3 (c) Referral from a physician or other health care provider
4 is not required for evaluation or intervention for children and
5 youths if an occupational therapist or occupational therapy
6 assistant provides services in a school-based or educational
7 environment, including the child's home.

8 (d) An occupational therapist shall refer to a licensed
9 physician, dentist, optometrist, advanced practice nurse,
10 physician assistant, or podiatric physician any patient whose
11 medical condition should, at the time of evaluation or
12 treatment, be determined to be beyond the scope of practice of
13 the occupational therapist.

14 (Source: P.A. 98-214, eff. 8-9-13; 98-264, eff. 12-31-13;
15 98-756, eff. 7-16-14.)

16 Section 45. The Orthotics, Prosthetics, and Pedorthics
17 Practice Act is amended by changing Section 57 as follows:

18 (225 ILCS 84/57)

19 (Section scheduled to be repealed on January 1, 2020)

20 Sec. 57. Limitation on provision of care and services. A
21 licensed orthotist, prosthetist, or pedorthist may provide
22 care or services only if the care or services are provided
23 pursuant to an order from (i) a licensed physician, (ii) a
24 licensed podiatric physician, (iii) a licensed ~~an~~ advanced

1 practice nurse ~~who has a written collaborative agreement with a~~
2 ~~collaborating physician or podiatric physician that~~
3 ~~specifically authorizes ordering the services of an orthotist,~~
4 ~~prosthetist or pedorthist, or (iv) an advanced practice nurse~~
5 ~~who practices in a hospital or ambulatory surgical treatment~~
6 ~~center and possesses clinical privileges to order services of~~
7 ~~an orthotist, prosthetist, or pedorthist, or (v) a licensed~~
8 ~~physician assistant who has been delegated the authority to~~
9 ~~order the services of an orthotist, prosthetist, or pedorthist~~
10 ~~by his or her supervising physician.~~ A licensed podiatric
11 physician or advanced practice nurse collaborating with a
12 podiatric physician may only order care or services concerning
13 the foot from a licensed prosthetist.

14 (Source: P.A. 98-214, eff. 8-9-13.)

15 Section 50. The Illinois Physical Therapy Act is amended by
16 changing Section 1 as follows:

17 (225 ILCS 90/1) (from Ch. 111, par. 4251)

18 (Section scheduled to be repealed on January 1, 2016)

19 Sec. 1. Definitions. As used in this Act:

20 (1) "Physical therapy" means all of the following:

21 (A) Examining, evaluating, and testing individuals who
22 may have mechanical, physiological, or developmental
23 impairments, functional limitations, disabilities, or
24 other health and movement-related conditions, classifying

1 these disorders, determining a rehabilitation prognosis
2 and plan of therapeutic intervention, and assessing the
3 on-going effects of the interventions.

4 (B) Alleviating impairments, functional limitations,
5 or disabilities by designing, implementing, and modifying
6 therapeutic interventions that may include, but are not
7 limited to, the evaluation or treatment of a person through
8 the use of the effective properties of physical measures
9 and heat, cold, light, water, radiant energy, electricity,
10 sound, and air and use of therapeutic massage, therapeutic
11 exercise, mobilization, and rehabilitative procedures,
12 with or without assistive devices, for the purposes of
13 preventing, correcting, or alleviating a physical or
14 mental impairment, functional limitation, or disability.

15 (C) Reducing the risk of injury, impairment,
16 functional limitation, or disability, including the
17 promotion and maintenance of fitness, health, and
18 wellness.

19 (D) Engaging in administration, consultation,
20 education, and research.

21 Physical therapy includes, but is not limited to: (a)
22 performance of specialized tests and measurements, (b)
23 administration of specialized treatment procedures, (c)
24 interpretation of referrals from physicians, dentists,
25 advanced practice nurses, physician assistants, and podiatric
26 physicians, (d) establishment, and modification of physical

1 therapy treatment programs, (e) administration of topical
2 medication used in generally accepted physical therapy
3 procedures when such medication is prescribed by the patient's
4 physician, licensed to practice medicine in all its branches,
5 the patient's physician licensed to practice podiatric
6 medicine, the patient's advanced practice nurse, the patient's
7 physician assistant, or the patient's dentist, and (f)
8 supervision or teaching of physical therapy. Physical therapy
9 does not include radiology, electrosurgery, chiropractic
10 technique or determination of a differential diagnosis;
11 provided, however, the limitation on determining a
12 differential diagnosis shall not in any manner limit a physical
13 therapist licensed under this Act from performing an evaluation
14 pursuant to such license. Nothing in this Section shall limit a
15 physical therapist from employing appropriate physical therapy
16 techniques that he or she is educated and licensed to perform.
17 A physical therapist shall refer to a licensed physician,
18 advanced practice nurse, physician assistant, dentist, or
19 podiatric physician any patient whose medical condition
20 should, at the time of evaluation or treatment, be determined
21 to be beyond the scope of practice of the physical therapist.

22 (2) "Physical therapist" means a person who practices
23 physical therapy and who has met all requirements as provided
24 in this Act.

25 (3) "Department" means the Department of Professional
26 Regulation.

1 (4) "Director" means the Director of Professional
2 Regulation.

3 (5) "Board" means the Physical Therapy Licensing and
4 Disciplinary Board approved by the Director.

5 (6) "Referral" means a written or oral authorization for
6 physical therapy services for a patient by a physician,
7 dentist, advanced practice nurse, physician assistant, or
8 podiatric physician who maintains medical supervision of the
9 patient and makes a diagnosis or verifies that the patient's
10 condition is such that it may be treated by a physical
11 therapist.

12 (7) "Documented current and relevant diagnosis" for the
13 purpose of this Act means a diagnosis, substantiated by
14 signature or oral verification of a physician, dentist,
15 advanced practice nurse, physician assistant, or podiatric
16 physician, that a patient's condition is such that it may be
17 treated by physical therapy as defined in this Act, which
18 diagnosis shall remain in effect until changed by the
19 physician, dentist, advanced practice nurse, physician
20 assistant, or podiatric physician.

21 (8) "State" includes:

22 (a) the states of the United States of America;

23 (b) the District of Columbia; and

24 (c) the Commonwealth of Puerto Rico.

25 (9) "Physical therapist assistant" means a person licensed
26 to assist a physical therapist and who has met all requirements

1 as provided in this Act and who works under the supervision of
2 a licensed physical therapist to assist in implementing the
3 physical therapy treatment program as established by the
4 licensed physical therapist. The patient care activities
5 provided by the physical therapist assistant shall not include
6 the interpretation of referrals, evaluation procedures, or the
7 planning or major modification of patient programs.

8 (10) "Physical therapy aide" means a person who has
9 received on the job training, specific to the facility in which
10 he is employed, but who has not completed an approved physical
11 therapist assistant program.

12 (11) "Advanced practice nurse" means a person licensed as
13 an advanced practice nurse under the Nurse Practice Act ~~who has~~
14 ~~a collaborative agreement with a collaborating physician that~~
15 ~~authorizes referrals to physical therapists.~~

16 (12) "Physician assistant" means a person licensed under
17 the Physician Assistant Practice Act of 1987 ~~who has been~~
18 ~~delegated authority to make referrals to physical therapists.~~

19 (Source: P.A. 98-214, eff. 8-9-13.)

20 Section 53. The Podiatric Medical Practice Act of 1987 is
21 amended by changing Section 20.5 as follows:

22 (225 ILCS 100/20.5)

23 (Section scheduled to be repealed on January 1, 2018)

24 Sec. 20.5. Delegation of authority to advanced practice

1 nurses.

2 (a) A podiatric physician in active clinical practice may
3 collaborate with an advanced practice nurse in accordance with
4 the requirements of the Nurse Practice Act. Collaboration shall
5 be for the purpose of providing podiatric care ~~consultation~~ and
6 no employment relationship shall be required. A written
7 collaborative agreement shall conform to the requirements of
8 Section 65-35 of the Nurse Practice Act. ~~The written~~
9 ~~collaborative agreement shall be for services the~~
10 ~~collaborating podiatric physician generally provides to his or~~
11 ~~her patients in the normal course of clinical podiatric~~
12 ~~practice, except as set forth in item (3) of this subsection~~
13 ~~(a).~~ A written collaborative agreement and podiatric physician
14 collaboration and consultation shall be adequate with respect
15 to advanced practice nurses if all of the following apply:

16 ~~(1) The agreement is written to promote the exercise of~~
17 ~~professional judgment by the advanced practice nurse~~
18 ~~commensurate with his or her education and experience. The~~
19 ~~agreement need not describe the exact steps that an~~
20 ~~advanced practice nurse must take with respect to each~~
21 ~~specific condition, disease, or symptom, but must specify~~
22 ~~which procedures require a podiatric physician's presence~~
23 ~~as the procedures are being performed.~~

24 ~~(2) Practice guidelines and orders are developed and~~
25 ~~approved jointly by the advanced practice nurse and~~
26 ~~collaborating podiatric physician, as needed, based on the~~

1 ~~practice of the practitioners. Such guidelines and orders~~
2 ~~and the patient services provided thereunder are~~
3 ~~periodically reviewed by the collaborating podiatric~~
4 ~~physician.~~

5 (1) ~~(3)~~ ~~The advance practice nurse provides services~~
6 ~~that the collaborating podiatric physician generally~~
7 ~~provides to his or her patients in the normal course of~~
8 ~~clinical practice.~~ With respect to the provision of
9 anesthesia services by a certified registered nurse
10 anesthetist, the collaborating podiatric physician must
11 have training and experience in the delivery of anesthesia
12 consistent with Department rules.

13 ~~(4)~~ ~~The collaborating podiatric physician and the~~
14 ~~advanced practice nurse consult at least once a month to~~
15 ~~provide collaboration and consultation.~~

16 (2) ~~(5)~~ Methods of communication are available with the
17 collaborating podiatric physician in person or through
18 telecommunications or electronic communications for
19 consultation, collaboration, and referral as needed to
20 address patient care needs.

21 (3) ~~(6)~~ With respect to the provision of anesthesia
22 services by a certified registered nurse anesthetist, an
23 anesthesiologist, physician, or podiatric physician shall
24 participate through discussion of and agreement with the
25 anesthesia plan and shall remain physically present and be
26 available on the premises during the delivery of anesthesia

1 services for diagnosis, consultation, and treatment of
2 emergency medical conditions. The anesthesiologist or
3 operating podiatric physician must agree with the
4 anesthesia plan prior to the delivery of services.

5 ~~(7) The agreement contains provisions detailing notice~~
6 ~~for termination or change of status involving a written~~
7 ~~collaborative agreement, except when such notice is given~~
8 ~~for just cause.~~

9 (b) The collaborating podiatric physician shall have
10 access to the records of all patients attended to by an
11 advanced practice nurse.

12 (c) Nothing in this Section shall be construed to limit the
13 delegation of tasks or duties by a podiatric physician to a
14 licensed practical nurse, a registered professional nurse, or
15 other appropriately trained persons.

16 (d) A podiatric physician shall not be liable for the acts
17 or omissions of an advanced practice nurse solely on the basis
18 of having signed guidelines or a collaborative agreement, an
19 order, a standing order, a standing delegation order, or other
20 order or guideline authorizing an advanced practice nurse to
21 perform acts, unless the podiatric physician has reason to
22 believe the advanced practice nurse lacked the competency to
23 perform the act or acts or commits willful or wanton
24 misconduct.

25 (e) A podiatric physician, may, but is not required to
26 delegate prescriptive authority to an advanced practice nurse

1 as part of a written collaborative agreement and the delegation
2 of prescriptive authority shall conform to the requirements of
3 Section 65-40 of the Nurse Practice Act.

4 (Source: P.A. 97-358, eff. 8-12-11; 97-813, eff. 7-13-12;
5 98-214, eff. 8-9-13.)

6 Section 55. The Respiratory Care Practice Act is amended by
7 changing Section 10 as follows:

8 (225 ILCS 106/10)

9 (Section scheduled to be repealed on January 1, 2016)

10 Sec. 10. Definitions. In this Act:

11 "Advanced practice nurse" means an advanced practice nurse
12 licensed under the Nurse Practice Act.

13 "Board" means the Respiratory Care Board appointed by the
14 Director.

15 "Basic respiratory care activities" means and includes all
16 of the following activities:

17 (1) Cleaning, disinfecting, and sterilizing equipment
18 used in the practice of respiratory care as delegated by a
19 licensed health care professional or other authorized
20 licensed personnel.

21 (2) Assembling equipment used in the practice of
22 respiratory care as delegated by a licensed health care
23 professional or other authorized licensed personnel.

24 (3) Collecting and reviewing patient data through

1 non-invasive means, provided that the collection and
2 review does not include the individual's interpretation of
3 the clinical significance of the data. Collecting and
4 reviewing patient data includes the performance of pulse
5 oximetry and non-invasive monitoring procedures in order
6 to obtain vital signs and notification to licensed health
7 care professionals and other authorized licensed personnel
8 in a timely manner.

9 (4) Maintaining a nasal cannula or face mask for oxygen
10 therapy in the proper position on the patient's face.

11 (5) Assembling a nasal cannula or face mask for oxygen
12 therapy at patient bedside in preparation for use.

13 (6) Maintaining a patient's natural airway by
14 physically manipulating the jaw and neck, suctioning the
15 oral cavity, or suctioning the mouth or nose with a bulb
16 syringe.

17 (7) Performing assisted ventilation during emergency
18 resuscitation using a manual resuscitator.

19 (8) Using a manual resuscitator at the direction of a
20 licensed health care professional or other authorized
21 licensed personnel who is present and performing routine
22 airway suctioning. These activities do not include care of
23 a patient's artificial airway or the adjustment of
24 mechanical ventilator settings while a patient is
25 connected to the ventilator.

26 "Basic respiratory care activities" does not mean activities

1 that involve any of the following:

2 (1) Specialized knowledge that results from a course of
3 education or training in respiratory care.

4 (2) An unreasonable risk of a negative outcome for the
5 patient.

6 (3) The assessment or making of a decision concerning
7 patient care.

8 (4) The administration of aerosol medication or
9 oxygen.

10 (5) The insertion and maintenance of an artificial
11 airway.

12 (6) Mechanical ventilatory support.

13 (7) Patient assessment.

14 (8) Patient education.

15 "Department" means the Department of Professional
16 Regulation.

17 "Director" means the Director of Professional Regulation.

18 "Licensed" means that which is required to hold oneself out
19 as a respiratory care practitioner as defined in this Act.

20 "Licensed health care professional" means a physician
21 licensed to practice medicine in all its branches, a licensed
22 ~~an~~ advanced practice nurse ~~who has a written collaborative~~
23 ~~agreement with a collaborating physician that authorizes the~~
24 ~~advanced practice nurse to transmit orders to a respiratory~~
25 ~~care practitioner, or a licensed physician assistant ~~who has~~~~
26 ~~been delegated the authority to transmit orders to a~~

1 ~~respiratory care practitioner by his or her supervising~~
2 ~~physician.~~

3 "Order" means a written, oral, or telecommunicated
4 authorization for respiratory care services for a patient by
5 (i) a licensed health care professional who maintains medical
6 supervision of the patient and makes a diagnosis or verifies
7 that the patient's condition is such that it may be treated by
8 a respiratory care practitioner or (ii) a certified registered
9 nurse anesthetist in a licensed hospital or ambulatory surgical
10 treatment center.

11 "Other authorized licensed personnel" means a licensed
12 respiratory care practitioner, a licensed registered nurse, or
13 a licensed practical nurse whose scope of practice authorizes
14 the professional to supervise an individual who is not
15 licensed, certified, or registered as a health professional.

16 "Proximate supervision" means a situation in which an
17 individual is responsible for directing the actions of another
18 individual in the facility and is physically close enough to be
19 readily available, if needed, by the supervised individual.

20 "Respiratory care" and "cardiorespiratory care" mean
21 preventative services, evaluation and assessment services,
22 therapeutic services, and rehabilitative services under the
23 order of a licensed health care professional or a certified
24 registered nurse anesthetist in a licensed hospital for an
25 individual with a disorder, disease, or abnormality of the
26 cardiopulmonary system. These terms include, but are not

1 limited to, measuring, observing, assessing, and monitoring
2 signs and symptoms, reactions, general behavior, and general
3 physical response of individuals to respiratory care services,
4 including the determination of whether those signs, symptoms,
5 reactions, behaviors, or general physical responses exhibit
6 abnormal characteristics; the administration of
7 pharmacological and therapeutic agents related to respiratory
8 care services; the collection of blood specimens and other
9 bodily fluids and tissues for, and the performance of,
10 cardiopulmonary diagnostic testing procedures, including, but
11 not limited to, blood gas analysis; development,
12 implementation, and modification of respiratory care treatment
13 plans based on assessed abnormalities of the cardiopulmonary
14 system, respiratory care guidelines, referrals, and orders of a
15 licensed health care professional; application, operation, and
16 management of mechanical ventilatory support and other means of
17 life support; and the initiation of emergency procedures under
18 the rules promulgated by the Department. A respiratory care
19 practitioner shall refer to a physician licensed to practice
20 medicine in all its branches any patient whose condition, at
21 the time of evaluation or treatment, is determined to be beyond
22 the scope of practice of the respiratory care practitioner.

23 "Respiratory care education program" means a course of
24 academic study leading to eligibility for registry or
25 certification in respiratory care. The training is to be
26 approved by an accrediting agency recognized by the Board and

1 shall include an evaluation of competence through a
2 standardized testing mechanism that is determined by the Board
3 to be both valid and reliable.

4 "Respiratory care practitioner" means a person who is
5 licensed by the Department of Professional Regulation and meets
6 all of the following criteria:

7 (1) The person is engaged in the practice of
8 cardiorespiratory care and has the knowledge and skill
9 necessary to administer respiratory care.

10 (2) The person is capable of serving as a resource to
11 the licensed health care professional in relation to the
12 technical aspects of cardiorespiratory care and the safe
13 and effective methods for administering cardiorespiratory
14 care modalities.

15 (3) The person is able to function in situations of
16 unsupervised patient contact requiring great individual
17 judgment.

18 (Source: P.A. 94-523, eff. 1-1-06; 95-639, eff. 10-5-07.)

19 Section 60. The Genetic Counselor Licensing Act is amended
20 by changing Sections 10, 20, and 95 as follows:

21 (225 ILCS 135/10)

22 (Section scheduled to be repealed on January 1, 2025)

23 Sec. 10. Definitions. As used in this Act:

24 "ABGC" means the American Board of Genetic Counseling.

1 "ABMG" means the American Board of Medical Genetics.

2 "Active candidate status" is awarded to applicants who have
3 received approval from the ABGC or ABMG to sit for their
4 respective certification examinations.

5 "Address of record" means the designated address recorded
6 by the Department in the applicant's or licensee's application
7 file or license file as maintained by the Department's
8 licensure maintenance unit. It is the duty of the applicant or
9 licensee to inform the Department of any change of address, and
10 those changes must be made either through the Department's
11 website or by contacting the Department.

12 "Department" means the Department of Financial and
13 Professional Regulation.

14 "Genetic anomaly" means a variation in an individual's DNA
15 that has been shown to confer a genetically influenced disease
16 or predisposition to a genetically influenced disease or makes
17 a person a carrier of such variation. A "carrier" of a genetic
18 anomaly means a person who may or may not have a predisposition
19 or risk of incurring a genetically influenced condition and who
20 is at risk of having offspring with a genetically influenced
21 condition.

22 "Genetic counseling" means the provision of services,
23 which may include the ordering of genetic tests, pursuant to a
24 referral, to individuals, couples, groups, families, and
25 organizations by one or more appropriately trained individuals
26 to address the physical and psychological issues associated

1 with the occurrence or risk of occurrence or recurrence of a
2 genetic disorder, birth defect, disease, or potentially
3 inherited or genetically influenced condition in an individual
4 or a family. "Genetic counseling" consists of the following:

5 (A) Estimating the likelihood of occurrence or
6 recurrence of a birth defect or of any potentially
7 inherited or genetically influenced condition. This
8 assessment may involve:

9 (i) obtaining and analyzing a complete health
10 history of the person and his or her family;

11 (ii) reviewing pertinent medical records;

12 (iii) evaluating the risks from exposure to
13 possible mutagens or teratogens;

14 (iv) recommending genetic testing or other
15 evaluations to diagnose a condition or determine the
16 carrier status of one or more family members;

17 (B) Helping the individual, family, health care
18 provider, or health care professional (i) appreciate the
19 medical, psychological and social implications of a
20 disorder, including its features, variability, usual
21 course and management options, (ii) learn how genetic
22 factors contribute to the disorder and affect the chance
23 for recurrence of the condition in other family members,
24 and (iii) understand available options for coping with,
25 preventing, or reducing the chance of occurrence or
26 recurrence of a condition.

1 (C) Facilitating an individual's or family's (i)
2 exploration of the perception of risk and burden associated
3 with the disorder and (ii) adjustment and adaptation to the
4 condition or their genetic risk by addressing needs for
5 psychological, social, and medical support.

6 "Genetic counselor" means a person licensed under this Act
7 to engage in the practice of genetic counseling.

8 "Genetic testing" and "genetic test" mean a test or
9 analysis of human genes, gene products, DNA, RNA, chromosomes,
10 proteins, or metabolites that detects genotypes, mutations,
11 chromosomal changes, abnormalities, or deficiencies, including
12 carrier status, that (i) are linked to physical or mental
13 disorders or impairments, (ii) indicate a susceptibility to
14 illness, disease, impairment, or other disorders, whether
15 physical or mental, or (iii) demonstrate genetic or chromosomal
16 damage due to environmental factors. "Genetic testing" and
17 "genetic tests" do not include routine physical measurements;
18 chemical, blood and urine analyses that are widely accepted and
19 in use in clinical practice; tests for use of drugs; tests for
20 the presence of the human immunodeficiency virus; analyses of
21 proteins or metabolites that do not detect genotypes,
22 mutations, chromosomal changes, abnormalities, or
23 deficiencies; or analyses of proteins or metabolites that are
24 directly related to a manifested disease, disorder, or
25 pathological condition that could reasonably be detected by a
26 health care professional with appropriate training and

1 expertise in the field of medicine involved.

2 "Person" means an individual, association, partnership, or
3 corporation.

4 "Qualified supervisor" means any person who is a licensed
5 genetic counselor, as defined by rule, or a physician licensed
6 to practice medicine in all its branches. A qualified
7 supervisor may be provided at the applicant's place of work, or
8 may be contracted by the applicant to provide supervision. The
9 qualified supervisor shall file written documentation with the
10 Department of employment, discharge, or supervisory control of
11 a genetic counselor at the time of employment, discharge, or
12 assumption of supervision of a genetic counselor.

13 "Referral" means a written or telecommunicated
14 authorization for genetic counseling services from a physician
15 licensed to practice medicine in all its branches, a licensed
16 ~~an~~ advanced practice nurse ~~who has a collaborative agreement~~
17 ~~with a collaborating physician that authorizes referrals to a~~
18 ~~genetic counselor,~~ or a licensed physician assistant ~~who has a~~
19 ~~supervision agreement with a supervising physician that~~
20 ~~authorizes referrals to a genetic counselor.~~

21 "Secretary" means the Secretary of Financial and
22 Professional Regulation.

23 "Supervision" means review of aspects of genetic
24 counseling and case management in a bimonthly meeting with the
25 person under supervision.

26 (Source: P.A. 98-813, eff. 1-1-15.)

1 (225 ILCS 135/20)

2 (Section scheduled to be repealed on January 1, 2025)

3 Sec. 20. Restrictions and limitations.

4 (a) Except as provided in Section 15, no person shall,
5 without a valid license as a genetic counselor issued by the
6 Department (i) in any manner hold himself or herself out to the
7 public as a genetic counselor under this Act; (ii) use in
8 connection with his or her name or place of business the title
9 "genetic counselor", "licensed genetic counselor", "gene
10 counselor", "genetic consultant", or "genetic associate" or
11 any words, letters, abbreviations, or insignia indicating or
12 implying a person has met the qualifications for or has the
13 license issued under this Act; or (iii) offer to render or
14 render to individuals, corporations, or the public genetic
15 counseling services if the words "genetic counselor" or
16 "licensed genetic counselor" are used to describe the person
17 offering to render or rendering them, or "genetic counseling"
18 is used to describe the services rendered or offered to be
19 rendered.

20 (b) No licensed genetic counselor may provide genetic
21 counseling to individuals, couples, groups, or families
22 without a referral from a physician licensed to practice
23 medicine in all its branches, a licensed an advanced practice
24 nurse ~~who has a collaborative agreement with a collaborating~~
25 ~~physician that authorizes referrals to a genetic counselor, or~~

1 a licensed physician assistant ~~who has been delegated authority~~
2 ~~to make referrals to genetic counselors~~. The physician,
3 advanced practice nurse, or physician assistant shall maintain
4 supervision of the patient and be provided timely written
5 reports on the services, including genetic testing results,
6 provided by the licensed genetic counselor. Genetic testing
7 shall be ordered by a physician licensed to practice medicine
8 in all its branches or a genetic counselor pursuant to a
9 referral that gives the specific authority to order genetic
10 tests. Genetic test results and reports shall be provided to
11 the referring physician, advanced practice nurse, or physician
12 assistant. General seminars or talks to groups or organizations
13 on genetic counseling that do not include individual, couple,
14 or family specific counseling may be conducted without a
15 referral. In clinical settings, genetic counselors who serve as
16 a liaison between family members of a patient and a genetic
17 research project, may, with the consent of the patient, provide
18 information to family members for the purpose of gathering
19 additional information, as it relates to the patient, without a
20 referral. In non-clinical settings where no patient is being
21 treated, genetic counselors who serve as a liaison between a
22 genetic research project and participants in that genetic
23 research project may provide information to the participants,
24 without a referral.

25 (c) No association or partnership shall practice genetic
26 counseling unless every member, partner, and employee of the

1 association or partnership who practices genetic counseling or
2 who renders genetic counseling services holds a valid license
3 issued under this Act. No license shall be issued to a
4 corporation, the stated purpose of which includes or which
5 practices or which holds itself out as available to practice
6 genetic counseling, unless it is organized under the
7 Professional Service Corporation Act.

8 (d) Nothing in this Act shall be construed as permitting
9 persons licensed as genetic counselors to engage in any manner
10 in the practice of medicine in all its branches as defined by
11 law in this State.

12 (e) Nothing in this Act shall be construed to authorize a
13 licensed genetic counselor to diagnose, test (unless
14 authorized in a referral), or treat any genetic or other
15 disease or condition.

16 (f) When, in the course of providing genetic counseling
17 services to any person, a genetic counselor licensed under this
18 Act finds any indication of a disease or condition that in his
19 or her professional judgment requires professional service
20 outside the scope of practice as defined in this Act, he or she
21 shall refer that person to a physician licensed to practice
22 medicine in all of its branches.

23 (Source: P.A. 98-813, eff. 1-1-15.)

24 (225 ILCS 135/95)

25 (Section scheduled to be repealed on January 1, 2025)

1 Sec. 95. Grounds for discipline.

2 (a) The Department may refuse to issue, renew, or may
3 revoke, suspend, place on probation, reprimand, or take other
4 disciplinary or non-disciplinary action as the Department
5 deems appropriate, including the issuance of fines not to
6 exceed \$10,000 for each violation, with regard to any license
7 for any one or more of the following:

8 (1) Material misstatement in furnishing information to
9 the Department or to any other State agency.

10 (2) Violations or negligent or intentional disregard
11 of this Act, or any of its rules.

12 (3) Conviction by plea of guilty or nolo contendere,
13 finding of guilt, jury verdict, or entry of judgment or
14 sentencing, including, but not limited to, convictions,
15 preceding sentences of supervision, conditional discharge,
16 or first offender probation, under the laws of any
17 jurisdiction of the United States: (i) that is a felony or
18 (ii) that is a misdemeanor, an essential element of which
19 is dishonesty, or that is directly related to the practice
20 of genetic counseling.

21 (4) Making any misrepresentation for the purpose of
22 obtaining a license, or violating any provision of this Act
23 or its rules.

24 (5) Negligence in the rendering of genetic counseling
25 services.

26 (6) Failure to provide genetic testing results and any

1 requested information to a referring physician licensed to
2 practice medicine in all its branches, advanced practice
3 nurse, or physician assistant.

4 (7) Aiding or assisting another person in violating any
5 provision of this Act or any rules.

6 (8) Failing to provide information within 60 days in
7 response to a written request made by the Department.

8 (9) Engaging in dishonorable, unethical, or
9 unprofessional conduct of a character likely to deceive,
10 defraud, or harm the public and violating the rules of
11 professional conduct adopted by the Department.

12 (10) Failing to maintain the confidentiality of any
13 information received from a client, unless otherwise
14 authorized or required by law.

15 (10.5) Failure to maintain client records of services
16 provided and provide copies to clients upon request.

17 (11) Exploiting a client for personal advantage,
18 profit, or interest.

19 (12) Habitual or excessive use or addiction to alcohol,
20 narcotics, stimulants, or any other chemical agent or drug
21 which results in inability to practice with reasonable
22 skill, judgment, or safety.

23 (13) Discipline by another governmental agency or unit
24 of government, by any jurisdiction of the United States, or
25 by a foreign nation, if at least one of the grounds for the
26 discipline is the same or substantially equivalent to those

1 set forth in this Section.

2 (14) Directly or indirectly giving to or receiving from
3 any person, firm, corporation, partnership, or association
4 any fee, commission, rebate, or other form of compensation
5 for any professional service not actually rendered.
6 Nothing in this paragraph (14) affects any bona fide
7 independent contractor or employment arrangements among
8 health care professionals, health facilities, health care
9 providers, or other entities, except as otherwise
10 prohibited by law. Any employment arrangements may include
11 provisions for compensation, health insurance, pension, or
12 other employment benefits for the provision of services
13 within the scope of the licensee's practice under this Act.
14 Nothing in this paragraph (14) shall be construed to
15 require an employment arrangement to receive professional
16 fees for services rendered.

17 (15) A finding by the Department that the licensee,
18 after having the license placed on probationary status has
19 violated the terms of probation.

20 (16) Failing to refer a client to other health care
21 professionals when the licensee is unable or unwilling to
22 adequately support or serve the client.

23 (17) Willfully filing false reports relating to a
24 licensee's practice, including but not limited to false
25 records filed with federal or State agencies or
26 departments.

1 (18) Willfully failing to report an instance of
2 suspected child abuse or neglect as required by the Abused
3 and Neglected Child Reporting Act.

4 (19) Being named as a perpetrator in an indicated
5 report by the Department of Children and Family Services
6 pursuant to the Abused and Neglected Child Reporting Act,
7 and upon proof by clear and convincing evidence that the
8 licensee has caused a child to be an abused child or
9 neglected child as defined in the Abused and Neglected
10 Child Reporting Act.

11 (20) Physical or mental disability, including
12 deterioration through the aging process or loss of
13 abilities and skills which results in the inability to
14 practice the profession with reasonable judgment, skill,
15 or safety.

16 (21) Solicitation of professional services by using
17 false or misleading advertising.

18 (22) Failure to file a return, or to pay the tax,
19 penalty of interest shown in a filed return, or to pay any
20 final assessment of tax, penalty or interest, as required
21 by any tax Act administered by the Illinois Department of
22 Revenue or any successor agency or the Internal Revenue
23 Service or any successor agency.

24 (23) Fraud or making any misrepresentation in applying
25 for or procuring a license under this Act or in connection
26 with applying for renewal of a license under this Act.

1 (24) Practicing or attempting to practice under a name
2 other than the full name as shown on the license or any
3 other legally authorized name.

4 (25) Gross overcharging for professional services,
5 including filing statements for collection of fees or
6 monies for which services are not rendered.

7 (26) Providing genetic counseling services to
8 individuals, couples, groups, or families without a
9 referral from either a physician licensed to practice
10 medicine in all its branches, a licensed ~~an~~ advanced
11 practice nurse ~~who has a collaborative agreement with a~~
12 ~~collaborating physician that authorizes the advanced~~
13 ~~practice nurse to make referrals to a genetic counselor, or~~
14 a licensed physician assistant ~~who has been delegated~~
15 ~~authority to make referrals to genetic counselors.~~

16 (27) Charging for professional services not rendered,
17 including filing false statements for the collection of
18 fees for which services are not rendered.

19 (28) Allowing one's license under this Act to be used
20 by an unlicensed person in violation of this Act.

21 (b) The Department shall deny, without hearing, any
22 application or renewal for a license under this Act to any
23 person who has defaulted on an educational loan guaranteed by
24 the Illinois State Assistance Commission; however, the
25 Department may issue a license or renewal if the person in
26 default has established a satisfactory repayment record as

1 determined by the Illinois Student Assistance Commission.

2 (c) The determination by a court that a licensee is subject
3 to involuntary admission or judicial admission as provided in
4 the Mental Health and Developmental Disabilities Code will
5 result in an automatic suspension of his or her license. The
6 suspension will end upon a finding by a court that the licensee
7 is no longer subject to involuntary admission or judicial
8 admission, the issuance of an order so finding and discharging
9 the patient, and the determination of the Secretary that the
10 licensee be allowed to resume professional practice.

11 (d) The Department may refuse to issue or renew or may
12 suspend without hearing the license of any person who fails to
13 file a return, to pay the tax penalty or interest shown in a
14 filed return, or to pay any final assessment of the tax,
15 penalty, or interest as required by any Act regarding the
16 payment of taxes administered by the Illinois Department of
17 Revenue until the requirements of the Act are satisfied in
18 accordance with subsection (g) of Section 2105-15 of the Civil
19 Administrative Code of Illinois.

20 (e) In cases where the Department of Healthcare and Family
21 Services has previously determined that a licensee or a
22 potential licensee is more than 30 days delinquent in the
23 payment of child support and has subsequently certified the
24 delinquency to the Department, the Department may refuse to
25 issue or renew or may revoke or suspend that person's license
26 or may take other disciplinary action against that person based

1 solely upon the certification of delinquency made by the
2 Department of Healthcare and Family Services in accordance with
3 item (5) of subsection (a) of Section 2105-15 of the Department
4 of Professional Regulation Law of the Civil Administrative Code
5 of Illinois.

6 (f) All fines or costs imposed under this Section shall be
7 paid within 60 days after the effective date of the order
8 imposing the fine or costs or in accordance with the terms set
9 forth in the order imposing the fine.

10 (Source: P.A. 97-813, eff. 7-13-12; 98-813, eff. 1-1-15.)

11 Section 63. The Illinois Public Aid Code is amended by
12 changing Section 5-8 as follows:

13 (305 ILCS 5/5-8) (from Ch. 23, par. 5-8)

14 Sec. 5-8. Practitioners. In supplying medical assistance,
15 the Illinois Department may provide for the legally authorized
16 services of (i) persons licensed under the Medical Practice Act
17 of 1987, as amended, except as hereafter in this Section
18 stated, whether under a general or limited license, (ii)
19 persons licensed under the Nurse Practice Act as advanced
20 practice nurses, regardless of whether or not the persons have
21 written collaborative agreements, (iii) persons licensed or
22 registered under other laws of this State to provide dental,
23 medical, pharmaceutical, optometric, podiatric, or nursing
24 services, or other remedial care recognized under State law,

1 and (iv) ~~(iii)~~ persons licensed under other laws of this State
2 as a clinical social worker. The Department may not provide for
3 legally authorized services of any physician who has been
4 convicted of having performed an abortion procedure in a wilful
5 and wanton manner on a woman who was not pregnant at the time
6 such abortion procedure was performed. The utilization of the
7 services of persons engaged in the treatment or care of the
8 sick, which persons are not required to be licensed or
9 registered under the laws of this State, is not prohibited by
10 this Section.

11 (Source: P.A. 95-518, eff. 8-28-07.)

12 Section 65. The Perinatal Mental Health Disorders
13 Prevention and Treatment Act is amended by changing Section 10
14 as follows:

15 (405 ILCS 95/10)

16 Sec. 10. Definitions. In this Act:

17 "Hospital" has the meaning given to that term in the
18 Hospital Licensing Act.

19 "Licensed health care professional" means a physician
20 licensed to practice medicine in all its branches, a licensed
21 ~~an~~ advanced practice nurse ~~who has a collaborative agreement~~
22 ~~with a collaborating physician that authorizes care,~~ or a
23 licensed physician ~~physician's~~ assistant ~~who has been~~
24 ~~delegated authority to provide care.~~

1 "Postnatal care" means an office visit to a licensed health
2 care professional occurring after birth, with reference to the
3 infant or mother.

4 "Prenatal care" means an office visit to a licensed health
5 care professional for pregnancy-related care occurring before
6 birth.

7 "Questionnaire" means an assessment tool administered by a
8 licensed health care professional to detect perinatal mental
9 health disorders, such as the Edinburgh Postnatal Depression
10 Scale, the Postpartum Depression Screening Scale, the Beck
11 Depression Inventory, the Patient Health Questionnaire, or
12 other validated assessment methods.
13 (Source: P.A. 95-469, eff. 1-1-08.)

14 Section 70. The Lead Poisoning Prevention Act is amended by
15 changing Section 6.2 as follows:

16 (410 ILCS 45/6.2) (from Ch. 111 1/2, par. 1306.2)

17 Sec. 6.2. Testing children and pregnant persons.

18 (a) Any physician licensed to practice medicine in all its
19 branches or health care provider who sees or treats children 6
20 years of age or younger shall test those children for lead
21 poisoning when those children reside in an area defined as high
22 risk by the Department. Children residing in areas defined as
23 low risk by the Department shall be evaluated for risk by the
24 Childhood Lead Risk Questionnaire developed by the Department

1 and tested if indicated. Children shall be evaluated in
2 accordance with rules adopted by the Department.

3 (b) Each licensed, registered, or approved health care
4 facility serving children 6 years of age or younger, including,
5 but not limited to, health departments, hospitals, clinics, and
6 health maintenance organizations approved, registered, or
7 licensed by the Department, shall take the appropriate steps to
8 ensure that children 6 years of age or younger be evaluated for
9 risk or tested for lead poisoning or both.

10 (c) Children 7 years and older and pregnant persons may
11 also be tested by physicians or health care providers, in
12 accordance with rules adopted by the Department. Physicians and
13 health care providers shall also evaluate children for lead
14 poisoning in conjunction with the school health examination, as
15 required under the School Code, when, in the medical judgment
16 ~~judgement~~ of the physician, advanced practice nurse ~~who has a~~
17 ~~written collaborative agreement with a collaborating physician~~
18 ~~that authorizes the advance practice nurse to perform health~~
19 ~~examinations,~~ or physician assistant ~~who has been delegated to~~
20 ~~perform health examinations by the supervising physician,~~ the
21 child is potentially at high risk of lead poisoning.

22 (d) (Blank).

23 (Source: P.A. 98-690, eff. 1-1-15; revised 12-10-14.)

24 Section 75. The Sexual Assault Survivors Emergency
25 Treatment Act is amended by changing Sections 2.2, 5, and 5.5

1 as follows:

2 (410 ILCS 70/2.2)

3 Sec. 2.2. Emergency contraception.

4 (a) The General Assembly finds:

5 (1) Crimes of sexual assault and sexual abuse cause
6 significant physical, emotional, and psychological trauma
7 to the victims. This trauma is compounded by a victim's
8 fear of becoming pregnant and bearing a child as a result
9 of the sexual assault.

10 (2) Each year over 32,000 women become pregnant in the
11 United States as the result of rape and approximately 50%
12 of these pregnancies end in abortion.

13 (3) As approved for use by the Federal Food and Drug
14 Administration (FDA), emergency contraception can
15 significantly reduce the risk of pregnancy if taken within
16 72 hours after the sexual assault.

17 (4) By providing emergency contraception to rape
18 victims in a timely manner, the trauma of rape can be
19 significantly reduced.

20 (b) Within 120 days after the effective date of this
21 amendatory Act of the 92nd General Assembly, every hospital
22 providing services to sexual assault survivors in accordance
23 with a plan approved under Section 2 must develop a protocol
24 that ensures that each survivor of sexual assault will receive
25 medically and factually accurate and written and oral

1 information about emergency contraception; the indications and
2 counter-indications and risks associated with the use of
3 emergency contraception; and a description of how and when
4 victims may be provided emergency contraception upon the
5 written order of a physician licensed to practice medicine in
6 all its branches, a licensed ~~an~~ advanced practice nurse ~~who has~~
7 ~~a written collaborative agreement with a collaborating~~
8 ~~physician that authorizes prescription of emergency~~
9 ~~contraception~~, or a licensed physician assistant ~~who has been~~
10 ~~delegated authority to prescribe emergency contraception~~. The
11 Department shall approve the protocol if it finds that the
12 implementation of the protocol would provide sufficient
13 protection for survivors of sexual assault.

14 The hospital shall implement the protocol upon approval by
15 the Department. The Department shall adopt rules and
16 regulations establishing one or more safe harbor protocols and
17 setting minimum acceptable protocol standards that hospitals
18 may develop and implement. The Department shall approve any
19 protocol that meets those standards. The Department may provide
20 a sample acceptable protocol upon request.

21 (Source: P.A. 95-432, eff. 1-1-08.)

22 (410 ILCS 70/5) (from Ch. 111 1/2, par. 87-5)

23 Sec. 5. Minimum requirements for hospitals providing
24 hospital emergency services and forensic services to sexual
25 assault survivors.

1 (a) Every hospital providing hospital emergency services
2 and forensic services to sexual assault survivors under this
3 Act shall, as minimum requirements for such services, provide,
4 with the consent of the sexual assault survivor, and as ordered
5 by the attending physician, an advanced practice nurse ~~who has~~
6 ~~a written collaborative agreement with a collaborating~~
7 ~~physician that authorizes provision of emergency services,~~ or a
8 physician assistant ~~who has been delegated authority to provide~~
9 ~~hospital emergency services and forensic services,~~ the
10 following:

11 (1) appropriate medical examinations and laboratory
12 tests required to ensure the health, safety, and welfare of
13 a sexual assault survivor or which may be used as evidence
14 in a criminal proceeding against a person accused of the
15 sexual assault, or both; and records of the results of such
16 examinations and tests shall be maintained by the hospital
17 and made available to law enforcement officials upon the
18 request of the sexual assault survivor;

19 (2) appropriate oral and written information
20 concerning the possibility of infection, sexually
21 transmitted disease and pregnancy resulting from sexual
22 assault;

23 (3) appropriate oral and written information
24 concerning accepted medical procedures, medication, and
25 possible contraindications of such medication available
26 for the prevention or treatment of infection or disease

1 resulting from sexual assault;

2 (4) an amount of medication for treatment at the
3 hospital and after discharge as is deemed appropriate by
4 the attending physician, an advanced practice nurse, or a
5 physician assistant and consistent with the hospital's
6 current approved protocol for sexual assault survivors;

7 (5) an evaluation of the sexual assault survivor's risk
8 of contracting human immunodeficiency virus (HIV) from the
9 sexual assault;

10 (6) written and oral instructions indicating the need
11 for follow-up examinations and laboratory tests after the
12 sexual assault to determine the presence or absence of
13 sexually transmitted disease;

14 (7) referral by hospital personnel for appropriate
15 counseling; and

16 (8) when HIV prophylaxis is deemed appropriate, an
17 initial dose or doses of HIV prophylaxis, along with
18 written and oral instructions indicating the importance of
19 timely follow-up healthcare.

20 (b) Any person who is a sexual assault survivor who seeks
21 emergency hospital services and forensic services or follow-up
22 healthcare under this Act shall be provided such services
23 without the consent of any parent, guardian, custodian,
24 surrogate, or agent.

25 (c) Nothing in this Section creates a physician-patient
26 relationship that extends beyond discharge from the hospital

1 emergency department.

2 (Source: P.A. 95-432, eff. 1-1-08; 96-318, eff. 1-1-10.)

3 (410 ILCS 70/5.5)

4 Sec. 5.5. Minimum reimbursement requirements for follow-up
5 healthcare.

6 (a) Every hospital, health care professional, laboratory,
7 or pharmacy that provides follow-up healthcare to a sexual
8 assault survivor, with the consent of the sexual assault
9 survivor and as ordered by the attending physician, an advanced
10 practice nurse ~~who has a written collaborative agreement with a~~
11 ~~collaborating physician~~, or physician assistant ~~who has been~~
12 ~~delegated authority by a supervising physician~~ shall be
13 reimbursed for the follow-up healthcare services provided.
14 Follow-up healthcare services include, but are not limited to,
15 the following:

16 (1) a physical examination;

17 (2) laboratory tests to determine the presence or
18 absence of sexually transmitted disease; and

19 (3) appropriate medications, including HIV
20 prophylaxis.

21 (b) Reimbursable follow-up healthcare is limited to office
22 visits with a physician, advanced practice nurse, or physician
23 assistant within 90 days after an initial visit for hospital
24 emergency services.

25 (c) Nothing in this Section requires a hospital, health

1 care professional, laboratory, or pharmacy to provide
2 follow-up healthcare to a sexual assault survivor.

3 (Source: P.A. 95-432, eff. 1-1-08.)

4 Section 80. The Consent by Minors to Medical Procedures Act
5 is amended by changing Sections 1, 1.5, 2, and 3 as follows:

6 (410 ILCS 210/1) (from Ch. 111, par. 4501)

7 Sec. 1. Consent by minor. The consent to the performance of
8 a medical or surgical procedure by a physician licensed to
9 practice medicine and surgery, a licensed ~~an~~ advanced practice
10 nurse ~~who has a written collaborative agreement with a~~
11 ~~collaborating physician that authorizes provision of services~~
12 ~~for minors~~, or a licensed physician assistant ~~who has been~~
13 ~~delegated authority to provide services for minors~~ executed by
14 a married person who is a minor, by a parent who is a minor, by
15 a pregnant woman who is a minor, or by any person 18 years of
16 age or older, is not voidable because of such minority, and,
17 for such purpose, a married person who is a minor, a parent who
18 is a minor, a pregnant woman who is a minor, or any person 18
19 years of age or older, is deemed to have the same legal
20 capacity to act and has the same powers and obligations as has
21 a person of legal age.

22 (Source: P.A. 93-962, eff. 8-20-04.)

23 (410 ILCS 210/1.5)

1 Sec. 1.5. Consent by minor seeking care for primary care
2 services.

3 (a) The consent to the performance of primary care services
4 by a physician licensed to practice medicine in all its
5 branches, a licensed ~~an~~ advanced practice nurse ~~who has a~~
6 ~~written collaborative agreement with a collaborating physician~~
7 ~~that authorizes provision of services for minors~~, or a licensed
8 physician assistant ~~who has been delegated authority to provide~~
9 ~~services for minors~~ executed by a minor seeking care is not
10 voidable because of such minority, and for such purpose, a
11 minor seeking care is deemed to have the same legal capacity to
12 act and has the same powers and obligations as has a person of
13 legal age under the following circumstances:

14 (1) the health care professional reasonably believes
15 that the minor seeking care understands the benefits and
16 risks of any proposed primary care or services; and

17 (2) the minor seeking care is identified in writing as
18 a minor seeking care by:

19 (A) an adult relative;

20 (B) a representative of a homeless service agency
21 that receives federal, State, county, or municipal
22 funding to provide those services or that is otherwise
23 sanctioned by a local continuum of care;

24 (C) an attorney licensed to practice law in this
25 State;

26 (D) a public school homeless liaison or school

1 social worker;

2 (E) a social service agency providing services to
3 at risk, homeless, or runaway youth; or

4 (F) a representative of a religious organization.

5 (b) A health care professional rendering primary care
6 services under this Section shall not incur civil or criminal
7 liability for failure to obtain valid consent or professional
8 discipline for failure to obtain valid consent if he or she
9 relied in good faith on the representations made by the minor
10 or the information provided under paragraph (2) of subsection
11 (a) of this Section. Under such circumstances, good faith shall
12 be presumed.

13 (c) The confidential nature of any communication between a
14 health care professional described in Section 1 of this Act and
15 a minor seeking care is not waived (1) by the presence, at the
16 time of communication, of any additional persons present at the
17 request of the minor seeking care, (2) by the health care
18 professional's disclosure of confidential information to the
19 additional person with the consent of the minor seeking care,
20 when reasonably necessary to accomplish the purpose for which
21 the additional person is consulted, or (3) by the health care
22 professional billing a health benefit insurance or plan under
23 which the minor seeking care is insured, is enrolled, or has
24 coverage for the services provided.

25 (d) Nothing in this Section shall be construed to limit or
26 expand a minor's existing powers and obligations under any

1 federal, State, or local law. Nothing in this Section shall be
2 construed to affect the Parental Notice of Abortion Act of
3 1995. Nothing in this Section affects the right or authority of
4 a parent or legal guardian to verbally, in writing, or
5 otherwise authorize health care services to be provided for a
6 minor in their absence.

7 (e) For the purposes of this Section:

8 "Minor seeking care" means a person at least 14 years
9 of age but less than 18 years of age who is living separate
10 and apart from his or her parents or legal guardian,
11 whether with or without the consent of a parent or legal
12 guardian who is unable or unwilling to return to the
13 residence of a parent, and managing his or her own personal
14 affairs. "Minor seeking care" does not include minors who
15 are under the protective custody, temporary custody, or
16 guardianship of the Department of Children and Family
17 Services.

18 "Primary care services" means health care services
19 that include screening, counseling, immunizations,
20 medication, and treatment of illness and conditions
21 customarily provided by licensed health care professionals
22 in an out-patient setting. "Primary care services" does not
23 include invasive care, beyond standard injections,
24 laceration care, or non-surgical fracture care.

25 (Source: P.A. 98-671, eff. 10-1-14.)

1 (410 ILCS 210/2) (from Ch. 111, par. 4502)

2 Sec. 2. Any parent, including a parent who is a minor, may
3 consent to the performance upon his or her child of a medical
4 or surgical procedure by a physician licensed to practice
5 medicine and surgery, a licensed ~~an~~ advanced practice nurse ~~who~~
6 ~~has a written collaborative agreement with a collaborating~~
7 ~~physician that authorizes provision of services for minors, or~~
8 a licensed physician assistant ~~who has been delegated authority~~
9 ~~to provide services for minors~~ or a dental procedure by a
10 licensed dentist. The consent of a parent who is a minor shall
11 not be voidable because of such minority, but, for such
12 purpose, a parent who is a minor shall be deemed to have the
13 same legal capacity to act and shall have the same powers and
14 obligations as has a person of legal age.

15 (Source: P.A. 93-962, eff. 8-20-04.)

16 (410 ILCS 210/3) (from Ch. 111, par. 4503)

17 Sec. 3. (a) Where a hospital, a physician licensed to
18 practice medicine or surgery, a licensed ~~an~~ advanced practice
19 nurse ~~who has a written collaborative agreement with a~~
20 ~~collaborating physician that authorizes provision of services~~
21 ~~for minors, or a licensed physician assistant ~~who has been~~
22 ~~delegated authority to provide services for minors~~ renders
23 emergency treatment or first aid or a licensed dentist renders
24 emergency dental treatment to a minor, consent of the minor's
25 parent or legal guardian need not be obtained if, in the sole~~

1 opinion of the physician, advanced practice nurse, physician
2 assistant, dentist, or hospital, the obtaining of consent is
3 not reasonably feasible under the circumstances without
4 adversely affecting the condition of such minor's health.

5 (b) Where a minor is the victim of a predatory criminal
6 sexual assault of a child, aggravated criminal sexual assault,
7 criminal sexual assault, aggravated criminal sexual abuse or
8 criminal sexual abuse, as provided in Sections 11-1.20 through
9 11-1.60 of the Criminal Code of 2012, the consent of the
10 minor's parent or legal guardian need not be obtained to
11 authorize a hospital, physician, advanced practice nurse,
12 physician assistant, or other medical personnel to furnish
13 medical care or counseling related to the diagnosis or
14 treatment of any disease or injury arising from such offense.
15 The minor may consent to such counseling, diagnosis or
16 treatment as if the minor had reached his or her age of
17 majority. Such consent shall not be voidable, nor subject to
18 later disaffirmance, because of minority.

19 (Source: P.A. 96-1551, eff. 7-1-11; 97-1150, eff. 1-25-13.)

20 Section 85. The Prenatal and Newborn Care Act is amended by
21 changing Section 2 as follows:

22 (410 ILCS 225/2) (from Ch. 111 1/2, par. 7022)

23 Sec. 2. Definitions. As used in this Act, unless the
24 context otherwise requires:

1 "Advanced practice nurse" or "APN" means an advanced
2 practice nurse licensed under the Nurse Practice Act ~~who has a~~
3 ~~written collaborative agreement with a collaborating physician~~
4 ~~that authorizes the provision of prenatal and newborn care.~~

5 "Department" means the Illinois Department of Human
6 Services.

7 "Early and Periodic Screening, Diagnosis and Treatment
8 (EPSDT)" means the provision of preventative health care under
9 42 C.F.R. 441.50 et seq., including medical and dental
10 services, needed to assess growth and development and detect
11 and treat health problems.

12 "Hospital" means a hospital as defined under the Hospital
13 Licensing Act.

14 "Local health authority" means the full-time official
15 health department or board of health, as recognized by the
16 Illinois Department of Public Health, having jurisdiction over
17 a particular area.

18 "Nurse" means a nurse licensed under the Nurse Practice
19 Act.

20 "Physician" means a physician licensed to practice
21 medicine in all of its branches.

22 "Physician assistant" means a physician assistant licensed
23 under the Physician Assistant Practice Act of 1987 ~~who has been~~
24 ~~delegated authority to provide prenatal and newborn care.~~

25 "Postnatal visit" means a visit occurring after birth, with
26 reference to the newborn.

1 "Prenatal visit" means a visit occurring before birth.

2 "Program" means the Prenatal and Newborn Care Program
3 established pursuant to this Act.

4 (Source: P.A. 95-639, eff. 10-5-07.)

5 Section 90. The AIDS Confidentiality Act is amended by
6 changing Section 3 as follows:

7 (410 ILCS 305/3) (from Ch. 111 1/2, par. 7303)

8 Sec. 3. When used in this Act:

9 (a) "AIDS" means acquired immunodeficiency syndrome.

10 (b) "Authority" means the Illinois Health Information
11 Exchange Authority established pursuant to the Illinois Health
12 Information Exchange and Technology Act.

13 (c) "Business associate" has the meaning ascribed to it
14 under HIPAA, as specified in 45 CFR 160.103.

15 (d) "Covered entity" has the meaning ascribed to it under
16 HIPAA, as specified in 45 CFR 160.103.

17 (e) "De-identified information" means health information
18 that is not individually identifiable as described under HIPAA,
19 as specified in 45 CFR 164.514(b).

20 (f) "Department" means the Illinois Department of Public
21 Health or its designated agents.

22 (g) "Disclosure" has the meaning ascribed to it under
23 HIPAA, as specified in 45 CFR 160.103.

24 (h) "Health care operations" has the meaning ascribed to it

1 under HIPAA, as specified in 45 CFR 164.501.

2 (i) "Health care professional" means (i) a licensed
3 physician, (ii) a licensed physician assistant ~~to whom the~~
4 ~~physician assistant's supervising physician has delegated the~~
5 ~~provision of AIDS and HIV related health services,~~ (iii) a
6 licensed ~~an~~ advanced practice ~~registered~~ nurse ~~who has a~~
7 ~~written collaborative agreement with a collaborating physician~~
8 ~~which authorizes the provision of AIDS and HIV related health~~
9 ~~services,~~ (iv) a licensed dentist, (v) a licensed podiatric
10 physician, or (vi) an individual certified to provide HIV
11 testing and counseling by a state or local public health
12 department.

13 (j) "Health care provider" has the meaning ascribed to it
14 under HIPAA, as specified in 45 CFR 160.103.

15 (k) "Health facility" means a hospital, nursing home, blood
16 bank, blood center, sperm bank, or other health care
17 institution, including any "health facility" as that term is
18 defined in the Illinois Finance Authority Act.

19 (l) "Health information exchange" or "HIE" means a health
20 information exchange or health information organization that
21 oversees and governs the electronic exchange of health
22 information that (i) is established pursuant to the Illinois
23 Health Information Exchange and Technology Act, or any
24 subsequent amendments thereto, and any administrative rules
25 adopted thereunder; (ii) has established a data sharing
26 arrangement with the Authority; or (iii) as of August 16, 2013,

1 was designated by the Authority Board as a member of, or was
2 represented on, the Authority Board's Regional Health
3 Information Exchange Workgroup; provided that such designation
4 shall not require the establishment of a data sharing
5 arrangement or other participation with the Illinois Health
6 Information Exchange or the payment of any fee. In certain
7 circumstances, in accordance with HIPAA, an HIE will be a
8 business associate.

9 (m) "Health oversight agency" has the meaning ascribed to
10 it under HIPAA, as specified in 45 CFR 164.501.

11 (n) "HIPAA" means the Health Insurance Portability and
12 Accountability Act of 1996, Public Law 104-191, as amended by
13 the Health Information Technology for Economic and Clinical
14 Health Act of 2009, Public Law 111-05, and any subsequent
15 amendments thereto and any regulations promulgated thereunder.

16 (o) "HIV" means the human immunodeficiency virus.

17 (p) "HIV-related information" means the identity of a
18 person upon whom an HIV test is performed, the results of an
19 HIV test, as well as diagnosis, treatment, and prescription
20 information that reveals a patient is HIV-positive, including
21 such information contained in a limited data set. "HIV-related
22 information" does not include information that has been
23 de-identified in accordance with HIPAA.

24 (q) "Informed consent" means a written or verbal agreement
25 by the subject of a test or the subject's legally authorized
26 representative without undue inducement or any element of

1 force, fraud, deceit, duress, or other form of constraint or
2 coercion, which entails at least the following pre-test
3 information:

4 (1) a fair explanation of the test, including its
5 purpose, potential uses, limitations, and the meaning of
6 its results;

7 (2) a fair explanation of the procedures to be
8 followed, including the voluntary nature of the test, the
9 right to withdraw consent to the testing process at any
10 time, the right to anonymity to the extent provided by law
11 with respect to participation in the test and disclosure of
12 test results, and the right to confidential treatment of
13 information identifying the subject of the test and the
14 results of the test, to the extent provided by law; and

15 (3) where the person providing informed consent is a
16 participant in an HIE, a fair explanation that the results
17 of the patient's HIV test will be accessible through an HIE
18 and meaningful disclosure of the patient's opt-out right
19 under Section 9.6 of this Act.

20 Pre-test information may be provided in writing, verbally,
21 or by video, electronic, or other means. The subject must be
22 offered an opportunity to ask questions about the HIV test and
23 decline testing. Nothing in this Act shall prohibit a health
24 care provider or health care professional from combining a form
25 used to obtain informed consent for HIV testing with forms used
26 to obtain written consent for general medical care or any other

1 medical test or procedure provided that the forms make it clear
2 that the subject may consent to general medical care, tests, or
3 medical procedures without being required to consent to HIV
4 testing and clearly explain how the subject may opt out of HIV
5 testing.

6 (r) "Limited data set" has the meaning ascribed to it under
7 HIPAA, as described in 45 CFR 164.514(e) (2).

8 (s) "Minimum necessary" means the HIPAA standard for using,
9 disclosing, and requesting protected health information found
10 in 45 CFR 164.502(b) and 164.514(d).

11 (t) "Organized health care arrangement" has the meaning
12 ascribed to it under HIPAA, as specified in 45 CFR 160.103.

13 (u) "Patient safety activities" has the meaning ascribed to
14 it under 42 CFR 3.20.

15 (v) "Payment" has the meaning ascribed to it under HIPAA,
16 as specified in 45 CFR 164.501.

17 (w) "Person" includes any natural person, partnership,
18 association, joint venture, trust, governmental entity, public
19 or private corporation, health facility, or other legal entity.

20 (x) "Protected health information" has the meaning
21 ascribed to it under HIPAA, as specified in 45 CFR 160.103.

22 (y) "Research" has the meaning ascribed to it under HIPAA,
23 as specified in 45 CFR 164.501.

24 (z) "State agency" means an instrumentality of the State of
25 Illinois and any instrumentality of another state that,
26 pursuant to applicable law or a written undertaking with an

1 instrumentality of the State of Illinois, is bound to protect
2 the privacy of HIV-related information of Illinois persons.

3 (aa) "Test" or "HIV test" means a test to determine the
4 presence of the antibody or antigen to HIV, or of HIV
5 infection.

6 (bb) "Treatment" has the meaning ascribed to it under
7 HIPAA, as specified in 45 CFR 164.501.

8 (cc) "Use" has the meaning ascribed to it under HIPAA, as
9 specified in 45 CFR 160.103, where context dictates.

10 (Source: P.A. 98-214, eff. 8-9-13; 98-1046, eff. 1-1-15.)

11 Section 95. The Illinois Sexually Transmissible Disease
12 Control Act is amended by changing Sections 3 and 4 as follows:

13 (410 ILCS 325/3) (from Ch. 111 1/2, par. 7403)

14 Sec. 3. Definitions. As used in this Act, unless the
15 context clearly requires otherwise:

16 (1) "Department" means the Department of Public Health.

17 (2) "Local health authority" means the full-time official
18 health department or board of health, as recognized by the
19 Department, having jurisdiction over a particular area.

20 (3) "Sexually transmissible disease" means a bacterial,
21 viral, fungal or parasitic disease, determined by rule of the
22 Department to be sexually transmissible, to be a threat to the
23 public health and welfare, and to be a disease for which a
24 legitimate public interest will be served by providing for

1 regulation and treatment. In considering which diseases are to
2 be designated sexually transmissible diseases, the Department
3 shall consider such diseases as chancroid, gonorrhea,
4 granuloma inguinale, lymphogranuloma venereum, genital herpes
5 simplex, chlamydia, nongonococcal urethritis (NGU), pelvic
6 inflammatory disease (PID)/Acute Salpingitis, syphilis,
7 Acquired Immunodeficiency Syndrome (AIDS), and Human
8 Immunodeficiency Virus (HIV) for designation, and shall
9 consider the recommendations and classifications of the
10 Centers for Disease Control and other nationally recognized
11 medical authorities. Not all diseases that are sexually
12 transmissible need be designated for purposes of this Act.

13 (4) "Health care professional" means a physician licensed
14 to practice medicine in all its branches, a licensed physician
15 assistant ~~who has been delegated the provision of sexually~~
16 ~~transmissible disease therapy services or expedited partner~~
17 ~~therapy services by his or her supervising physician, or a~~
18 licensed ~~an~~ advanced practice nurse ~~who has a written~~
19 ~~collaborative agreement with a collaborating physician that~~
20 ~~authorizes the provision of sexually transmissible disease~~
21 ~~therapy services or expedited partner therapy services, or an~~
22 ~~advanced practice nurse who practices in a hospital or~~
23 ~~ambulatory surgical treatment center and possesses appropriate~~
24 ~~clinical privileges in accordance with the Nurse Practice Act.~~

25 (5) "Expedited partner therapy" means to prescribe,
26 dispense, furnish, or otherwise provide prescription

1 antibiotic drugs to the partner or partners of persons
2 clinically diagnosed as infected with a sexually transmissible
3 disease, without physical examination of the partner or
4 partners.

5 (Source: P.A. 96-613, eff. 1-1-10.)

6 (410 ILCS 325/4) (from Ch. 111 1/2, par. 7404)

7 Sec. 4. Reporting required.

8 (a) A physician licensed under the provisions of the
9 Medical Practice Act of 1987, an advanced practice nurse
10 licensed under the provisions of the Nurse Practice Act ~~who has~~
11 ~~a written collaborative agreement with a collaborating~~
12 ~~physician that authorizes the provision of services for a~~
13 ~~sexually transmissible disease~~, or a physician assistant
14 licensed under the provisions of the Physician Assistant
15 Practice Act of 1987 ~~who has been delegated authority to~~
16 ~~provide services for a sexually transmissible disease~~ who makes
17 a diagnosis of or treats a person with a sexually transmissible
18 disease and each laboratory that performs a test for a sexually
19 transmissible disease which concludes with a positive result
20 shall report such facts as may be required by the Department by
21 rule, within such time period as the Department may require by
22 rule, but in no case to exceed 2 weeks.

23 (b) The Department shall adopt rules specifying the
24 information required in reporting a sexually transmissible
25 disease, the method of reporting and specifying a minimum time

1 period for reporting. In adopting such rules, the Department
2 shall consider the need for information, protections for the
3 privacy and confidentiality of the patient, and the practical
4 abilities of persons and laboratories to report in a reasonable
5 fashion.

6 (c) Any person who knowingly or maliciously disseminates
7 any false information or report concerning the existence of any
8 sexually transmissible disease under this Section is guilty of
9 a Class A misdemeanor.

10 (d) Any person who violates the provisions of this Section
11 or the rules adopted hereunder may be fined by the Department
12 up to \$500 for each violation. The Department shall report each
13 violation of this Section to the regulatory agency responsible
14 for licensing a health care professional or a laboratory to
15 which these provisions apply.

16 (Source: P.A. 95-639, eff. 10-5-07.)

17 Section 100. The Perinatal HIV Prevention Act is amended by
18 changing Section 5 as follows:

19 (410 ILCS 335/5)

20 Sec. 5. Definitions. In this Act:

21 "Department" means the Department of Public Health.

22 "Health care professional" means a physician licensed to
23 practice medicine in all its branches, a licensed physician
24 assistant ~~who has been delegated the provision of health~~

1 ~~services by his or her supervising physician, or a licensed an~~
2 advanced practice ~~registered~~ nurse ~~who has a written~~
3 ~~collaborative agreement with a collaborating physician that~~
4 ~~authorizes the provision of health services.~~

5 "Health care facility" or "facility" means any hospital or
6 other institution that is licensed or otherwise authorized to
7 deliver health care services.

8 "Health care services" means any prenatal medical care or
9 labor or delivery services to a pregnant woman and her newborn
10 infant, including hospitalization.

11 (Source: P.A. 93-566, eff. 8-20-03; 94-910, eff. 6-23-06.)

12 Section 105. The Genetic Information Privacy Act is amended
13 by changing Section 10 as follows:

14 (410 ILCS 513/10)

15 Sec. 10. Definitions. As used in this Act:

16 "Authority" means the Illinois Health Information Exchange
17 Authority established pursuant to the Illinois Health
18 Information Exchange and Technology Act.

19 "Business associate" has the meaning ascribed to it under
20 HIPAA, as specified in 45 CFR 160.103.

21 "Covered entity" has the meaning ascribed to it under
22 HIPAA, as specified in 45 CFR 160.103.

23 "De-identified information" means health information that
24 is not individually identifiable as described under HIPAA, as

1 specified in 45 CFR 164.514(b).

2 "Disclosure" has the meaning ascribed to it under HIPAA, as
3 specified in 45 CFR 160.103.

4 "Employer" means the State of Illinois, any unit of local
5 government, and any board, commission, department,
6 institution, or school district, any party to a public
7 contract, any joint apprenticeship or training committee
8 within the State, and every other person employing employees
9 within the State.

10 "Employment agency" means both public and private
11 employment agencies and any person, labor organization, or
12 labor union having a hiring hall or hiring office regularly
13 undertaking, with or without compensation, to procure
14 opportunities to work, or to procure, recruit, refer, or place
15 employees.

16 "Family member" means, with respect to an individual, (i)
17 the spouse of the individual; (ii) a dependent child of the
18 individual, including a child who is born to or placed for
19 adoption with the individual; (iii) any other person qualifying
20 as a covered dependent under a managed care plan; and (iv) all
21 other individuals related by blood or law to the individual or
22 the spouse or child described in subsections (i) through (iii)
23 of this definition.

24 "Genetic information" has the meaning ascribed to it under
25 HIPAA, as specified in 45 CFR 160.103.

26 "Genetic monitoring" means the periodic examination of

1 employees to evaluate acquired modifications to their genetic
2 material, such as chromosomal damage or evidence of increased
3 occurrence of mutations that may have developed in the course
4 of employment due to exposure to toxic substances in the
5 workplace in order to identify, evaluate, and respond to
6 effects of or control adverse environmental exposures in the
7 workplace.

8 "Genetic services" has the meaning ascribed to it under
9 HIPAA, as specified in 45 CFR 160.103.

10 "Genetic testing" and "genetic test" have the meaning
11 ascribed to "genetic test" under HIPAA, as specified in 45 CFR
12 160.103.

13 "Health care operations" has the meaning ascribed to it
14 under HIPAA, as specified in 45 CFR 164.501.

15 "Health care professional" means (i) a licensed physician,
16 (ii) a licensed physician assistant ~~to whom the physician~~
17 ~~assistant's supervising physician has delegated the provision~~
18 ~~of genetic testing or genetic counseling related services,~~
19 (iii) a licensed ~~an~~ advanced practice ~~registered~~ nurse ~~who has~~
20 ~~a written collaborative agreement with a collaborating~~
21 ~~physician which authorizes the provision of genetic testing or~~
22 ~~genetic counseling related health services,~~ (iv) a licensed
23 dentist, (v) a licensed podiatrist, (vi) a licensed genetic
24 counselor, or (vii) an individual certified to provide genetic
25 testing by a state or local public health department.

26 "Health care provider" has the meaning ascribed to it under

1 HIPAA, as specified in 45 CFR 160.103.

2 "Health facility" means a hospital, blood bank, blood
3 center, sperm bank, or other health care institution, including
4 any "health facility" as that term is defined in the Illinois
5 Finance Authority Act.

6 "Health information exchange" or "HIE" means a health
7 information exchange or health information organization that
8 exchanges health information electronically that (i) is
9 established pursuant to the Illinois Health Information
10 Exchange and Technology Act, or any subsequent amendments
11 thereto, and any administrative rules promulgated thereunder;
12 (ii) has established a data sharing arrangement with the
13 Authority; or (iii) as of August 16, 2013, was designated by
14 the Authority Board as a member of, or was represented on, the
15 Authority Board's Regional Health Information Exchange
16 Workgroup; provided that such designation shall not require the
17 establishment of a data sharing arrangement or other
18 participation with the Illinois Health Information Exchange or
19 the payment of any fee. In certain circumstances, in accordance
20 with HIPAA, an HIE will be a business associate.

21 "Health oversight agency" has the meaning ascribed to it
22 under HIPAA, as specified in 45 CFR 164.501.

23 "HIPAA" means the Health Insurance Portability and
24 Accountability Act of 1996, Public Law 104-191, as amended by
25 the Health Information Technology for Economic and Clinical
26 Health Act of 2009, Public Law 111-05, and any subsequent

1 amendments thereto and any regulations promulgated thereunder.

2 "Insurer" means (i) an entity that is subject to the
3 jurisdiction of the Director of Insurance and (ii) a managed
4 care plan.

5 "Labor organization" includes any organization, labor
6 union, craft union, or any voluntary unincorporated
7 association designed to further the cause of the rights of
8 union labor that is constituted for the purpose, in whole or in
9 part, of collective bargaining or of dealing with employers
10 concerning grievances, terms or conditions of employment, or
11 apprenticeships or applications for apprenticeships, or of
12 other mutual aid or protection in connection with employment,
13 including apprenticeships or applications for apprenticeships.

14 "Licensing agency" means a board, commission, committee,
15 council, department, or officers, except a judicial officer, in
16 this State or any political subdivision authorized to grant,
17 deny, renew, revoke, suspend, annul, withdraw, or amend a
18 license or certificate of registration.

19 "Limited data set" has the meaning ascribed to it under
20 HIPAA, as described in 45 CFR 164.514(e)(2).

21 "Managed care plan" means a plan that establishes,
22 operates, or maintains a network of health care providers that
23 have entered into agreements with the plan to provide health
24 care services to enrollees where the plan has the ultimate and
25 direct contractual obligation to the enrollee to arrange for
26 the provision of or pay for services through:

1 (1) organizational arrangements for ongoing quality
2 assurance, utilization review programs, or dispute
3 resolution; or

4 (2) financial incentives for persons enrolled in the
5 plan to use the participating providers and procedures
6 covered by the plan.

7 A managed care plan may be established or operated by any
8 entity including a licensed insurance company, hospital or
9 medical service plan, health maintenance organization, limited
10 health service organization, preferred provider organization,
11 third party administrator, or an employer or employee
12 organization.

13 "Minimum necessary" means HIPAA's standard for using,
14 disclosing, and requesting protected health information found
15 in 45 CFR 164.502(b) and 164.514(d).

16 "Nontherapeutic purpose" means a purpose that is not
17 intended to improve or preserve the life or health of the
18 individual whom the information concerns.

19 "Organized health care arrangement" has the meaning
20 ascribed to it under HIPAA, as specified in 45 CFR 160.103.

21 "Patient safety activities" has the meaning ascribed to it
22 under 42 CFR 3.20.

23 "Payment" has the meaning ascribed to it under HIPAA, as
24 specified in 45 CFR 164.501.

25 "Person" includes any natural person, partnership,
26 association, joint venture, trust, governmental entity, public

1 or private corporation, health facility, or other legal entity.

2 "Protected health information" has the meaning ascribed to
3 it under HIPAA, as specified in 45 CFR 164.103.

4 "Research" has the meaning ascribed to it under HIPAA, as
5 specified in 45 CFR 164.501.

6 "State agency" means an instrumentality of the State of
7 Illinois and any instrumentality of another state which
8 pursuant to applicable law or a written undertaking with an
9 instrumentality of the State of Illinois is bound to protect
10 the privacy of genetic information of Illinois persons.

11 "Treatment" has the meaning ascribed to it under HIPAA, as
12 specified in 45 CFR 164.501.

13 "Use" has the meaning ascribed to it under HIPAA, as
14 specified in 45 CFR 160.103, where context dictates.

15 (Source: P.A. 98-1046, eff. 1-1-15.)

16 Section 110. The Home Health and Hospice Drug Dispensation
17 and Administration Act is amended by changing Section 10 as
18 follows:

19 (410 ILCS 642/10)

20 Sec. 10. Definitions. In this Act:

21 "Authorized nursing employee" means a registered nurse or
22 advanced practice nurse, as defined in the Nurse Practice Act,
23 who is employed by a home health agency or hospice licensed in
24 this State.

1 "Health care professional" means a physician licensed to
2 practice medicine in all its branches, a licensed ~~an~~ advanced
3 practice nurse ~~who has a written collaborative agreement with a~~
4 ~~collaborating physician that authorizes services under this~~
5 ~~Act,~~ or a licensed physician assistant ~~who has been delegated~~
6 ~~the authority to perform services under this Act by his or her~~
7 ~~supervising physician.~~

8 "Home health agency" has the meaning ascribed to it in
9 Section 2.04 of the Home Health, Home Services, and Home
10 Nursing Agency Licensing Act.

11 "Hospice" means a full hospice, as defined in Section 3 of
12 the Hospice Program Licensing Act.

13 "Physician" means a physician licensed under the Medical
14 Practice Act of 1987 to practice medicine in all its branches.

15 (Source: P.A. 94-638, eff. 8-22-05; 95-331, eff. 8-21-07;
16 95-639, eff. 10-5-07.)

17 Section 115. The Illinois Vehicle Code is amended by
18 changing Sections 1-159.1, 3-616, 6-103, 6-106.1, and 6-901 as
19 follows:

20 (625 ILCS 5/1-159.1) (from Ch. 95 1/2, par. 1-159.1)

21 Sec. 1-159.1. Person with disabilities. A natural person
22 who, as determined by a licensed physician, by a licensed
23 physician assistant ~~who has been delegated the authority to~~
24 ~~make this determination by his or her supervising physician,~~ or

1 by a licensed ~~an~~ advanced practice nurse ~~who has a written~~
2 ~~collaborative agreement with a collaborating physician that~~
3 ~~authorizes the advanced practice nurse to make this~~
4 ~~determination:~~ (1) cannot walk without the use of, or
5 assistance from, a brace, cane, crutch, another person,
6 prosthetic device, wheelchair, or other assistive device; (2)
7 is restricted by lung disease to such an extent that his or her
8 forced (respiratory) expiratory volume for one second, when
9 measured by spirometry, is less than one liter, or the arterial
10 oxygen tension is less than 60 mm/hg on room air at rest; (3)
11 uses portable oxygen; (4) has a cardiac condition to the extent
12 that the person's functional limitations are classified in
13 severity as Class III or Class IV, according to standards set
14 by the American Heart Association; (5) is severely limited in
15 the person's ability to walk due to an arthritic, neurological,
16 oncological, or orthopedic condition; (6) cannot walk 200 feet
17 without stopping to rest because of one of the above 5
18 conditions; or (7) is missing a hand or arm or has permanently
19 lost the use of a hand or arm.

20 (Source: P.A. 98-405, eff. 1-1-14.)

21 (625 ILCS 5/3-616) (from Ch. 95 1/2, par. 3-616)

22 Sec. 3-616. Disability license plates.

23 (a) Upon receiving an application for a certificate of
24 registration for a motor vehicle of the first division or for a
25 motor vehicle of the second division weighing no more than

1 8,000 pounds, accompanied with payment of the registration fees
2 required under this Code from a person with disabilities or a
3 person who is deaf or hard of hearing, the Secretary of State,
4 if so requested, shall issue to such person registration plates
5 as provided for in Section 3-611, provided that the person with
6 disabilities or person who is deaf or hard of hearing must not
7 be disqualified from obtaining a driver's license under
8 subsection 8 of Section 6-103 of this Code, and further
9 provided that any person making such a request must submit a
10 statement, certified by a licensed physician, by a licensed
11 physician assistant ~~who has been delegated the authority to~~
12 ~~make this certification by his or her supervising physician,~~ or
13 by a licensed ~~an~~ advanced practice nurse ~~who has a written~~
14 ~~collaborative agreement with a collaborating physician that~~
15 ~~authorizes the advanced practice nurse to make this~~
16 ~~certification,~~ to the effect that such person is a person with
17 disabilities as defined by Section 1-159.1 of this Code, or
18 alternatively provide adequate documentation that such person
19 has a Class 1A, Class 2A or Type Four disability under the
20 provisions of Section 4A of the Illinois Identification Card
21 Act. For purposes of this Section, an Illinois Person with a
22 Disability Identification Card issued pursuant to the Illinois
23 Identification Card Act indicating that the person thereon
24 named has a disability shall be adequate documentation of such
25 a disability.

26 (b) The Secretary shall issue plates under this Section to

1 a parent or legal guardian of a person with disabilities if the
2 person with disabilities has a Class 1A or Class 2A disability
3 as defined in Section 4A of the Illinois Identification Card
4 Act or is a person with disabilities as defined by Section
5 1-159.1 of this Code, and does not possess a vehicle registered
6 in his or her name, provided that the person with disabilities
7 relies frequently on the parent or legal guardian for
8 transportation. Only one vehicle per family may be registered
9 under this subsection, unless the applicant can justify in
10 writing the need for one additional set of plates. Any person
11 requesting special plates under this subsection shall submit
12 such documentation or such physician's, physician assistant's,
13 or advanced practice nurse's statement as is required in
14 subsection (a) and a statement describing the circumstances
15 qualifying for issuance of special plates under this
16 subsection. An optometrist may certify a Class 2A Visual
17 Disability, as defined in Section 4A of the Illinois
18 Identification Card Act, for the purpose of qualifying a person
19 with disabilities for special plates under this subsection.

20 (c) The Secretary may issue a parking decal or device to a
21 person with disabilities as defined by Section 1-159.1 without
22 regard to qualification of such person with disabilities for a
23 driver's license or registration of a vehicle by such person
24 with disabilities or such person's immediate family, provided
25 such person with disabilities making such a request has been
26 issued an Illinois Person with a Disability Identification Card

1 indicating that the person named thereon has a Class 1A or
2 Class 2A disability, or alternatively, submits a statement
3 certified by a licensed physician, or by a licensed physician
4 assistant or a licensed ~~an~~ advanced practice nurse as provided
5 in subsection (a), to the effect that such person is a person
6 with disabilities as defined by Section 1-159.1. An optometrist
7 may certify a Class 2A Visual Disability as defined in Section
8 4A of the Illinois Identification Card Act for the purpose of
9 qualifying a person with disabilities for a parking decal or
10 device under this subsection.

11 (d) The Secretary shall prescribe by rules and regulations
12 procedures to certify or re-certify as necessary the
13 eligibility of persons whose disabilities are other than
14 permanent for special plates or parking decals or devices
15 issued under subsections (a), (b) and (c). Except as provided
16 under subsection (f) of this Section, no such special plates,
17 decals or devices shall be issued by the Secretary of State to
18 or on behalf of any person with disabilities unless such person
19 is certified as meeting the definition of a person with
20 disabilities pursuant to Section 1-159.1 or meeting the
21 requirement of a Type Four disability as provided under Section
22 4A of the Illinois Identification Card Act for the period of
23 time that the physician, or the physician assistant or advanced
24 practice nurse as provided in subsection (a), determines the
25 applicant will have the disability, but not to exceed 6 months
26 from the date of certification or recertification.

1 (e) Any person requesting special plates under this Section
2 may also apply to have the special plates personalized, as
3 provided under Section 3-405.1.

4 (f) The Secretary of State, upon application, shall issue
5 disability registration plates or a parking decal to
6 corporations, school districts, State or municipal agencies,
7 limited liability companies, nursing homes, convalescent
8 homes, or special education cooperatives which will transport
9 persons with disabilities. The Secretary shall prescribe by
10 rule a means to certify or re-certify the eligibility of
11 organizations to receive disability plates or decals and to
12 designate which of the 2 person with disabilities emblems shall
13 be placed on qualifying vehicles.

14 (g) The Secretary of State, or his designee, may enter into
15 agreements with other jurisdictions, including foreign
16 jurisdictions, on behalf of this State relating to the
17 extension of parking privileges by such jurisdictions to
18 permanently disabled residents of this State who display a
19 special license plate or parking device that contains the
20 International symbol of access on his or her motor vehicle, and
21 to recognize such plates or devices issued by such other
22 jurisdictions. This State shall grant the same parking
23 privileges which are granted to disabled residents of this
24 State to any non-resident whose motor vehicle is licensed in
25 another state, district, territory or foreign country if such
26 vehicle displays the international symbol of access or a

1 distinguishing insignia on license plates or parking device
2 issued in accordance with the laws of the non-resident's state,
3 district, territory or foreign country.

4 (Source: P.A. 97-1064, eff. 1-1-13.)

5 (625 ILCS 5/6-103) (from Ch. 95 1/2, par. 6-103)

6 Sec. 6-103. What persons shall not be licensed as drivers
7 or granted permits. The Secretary of State shall not issue,
8 renew, or allow the retention of any driver's license nor issue
9 any permit under this Code:

10 1. To any person, as a driver, who is under the age of
11 18 years except as provided in Section 6-107, and except
12 that an instruction permit may be issued under Section
13 6-107.1 to a child who is not less than 15 years of age if
14 the child is enrolled in an approved driver education
15 course as defined in Section 1-103 of this Code and
16 requires an instruction permit to participate therein,
17 except that an instruction permit may be issued under the
18 provisions of Section 6-107.1 to a child who is 17 years
19 and 3 months of age without the child having enrolled in an
20 approved driver education course and except that an
21 instruction permit may be issued to a child who is at least
22 15 years and 3 months of age, is enrolled in school, meets
23 the educational requirements of the Driver Education Act,
24 and has passed examinations the Secretary of State in his
25 or her discretion may prescribe;

1 1.5. To any person at least 18 years of age but less
2 than 21 years of age unless the person has, in addition to
3 any other requirements of this Code, successfully
4 completed an adult driver education course as provided in
5 Section 6-107.5 of this Code;

6 2. To any person who is under the age of 18 as an
7 operator of a motorcycle other than a motor driven cycle
8 unless the person has, in addition to meeting the
9 provisions of Section 6-107 of this Code, successfully
10 completed a motorcycle training course approved by the
11 Illinois Department of Transportation and successfully
12 completes the required Secretary of State's motorcycle
13 driver's examination;

14 3. To any person, as a driver, whose driver's license
15 or permit has been suspended, during the suspension, nor to
16 any person whose driver's license or permit has been
17 revoked, except as provided in Sections 6-205, 6-206, and
18 6-208;

19 4. To any person, as a driver, who is a user of alcohol
20 or any other drug to a degree that renders the person
21 incapable of safely driving a motor vehicle;

22 5. To any person, as a driver, who has previously been
23 adjudged to be afflicted with or suffering from any mental
24 or physical disability or disease and who has not at the
25 time of application been restored to competency by the
26 methods provided by law;

1 6. To any person, as a driver, who is required by the
2 Secretary of State to submit an alcohol and drug evaluation
3 or take an examination provided for in this Code unless the
4 person has successfully passed the examination and
5 submitted any required evaluation;

6 7. To any person who is required under the provisions
7 of the laws of this State to deposit security or proof of
8 financial responsibility and who has not deposited the
9 security or proof;

10 8. To any person when the Secretary of State has good
11 cause to believe that the person by reason of physical or
12 mental disability would not be able to safely operate a
13 motor vehicle upon the highways, unless the person shall
14 furnish to the Secretary of State a verified written
15 statement, acceptable to the Secretary of State, from a
16 competent medical specialist, a licensed physician
17 assistant ~~who has been delegated the performance of medical~~
18 ~~examinations by his or her supervising physician,~~ or a
19 licensed advanced practice nurse ~~who has a written~~
20 ~~collaborative agreement with a collaborating physician~~
21 ~~which authorizes him or her to perform medical~~
22 ~~examinations,~~ to the effect that the operation of a motor
23 vehicle by the person would not be inimical to the public
24 safety;

25 9. To any person, as a driver, who is 69 years of age
26 or older, unless the person has successfully complied with

1 the provisions of Section 6-109;

2 10. To any person convicted, within 12 months of
3 application for a license, of any of the sexual offenses
4 enumerated in paragraph 2 of subsection (b) of Section
5 6-205;

6 11. To any person who is under the age of 21 years with
7 a classification prohibited in paragraph (b) of Section
8 6-104 and to any person who is under the age of 18 years
9 with a classification prohibited in paragraph (c) of
10 Section 6-104;

11 12. To any person who has been either convicted of or
12 adjudicated under the Juvenile Court Act of 1987 based upon
13 a violation of the Cannabis Control Act, the Illinois
14 Controlled Substances Act, or the Methamphetamine Control
15 and Community Protection Act while that person was in
16 actual physical control of a motor vehicle. For purposes of
17 this Section, any person placed on probation under Section
18 10 of the Cannabis Control Act, Section 410 of the Illinois
19 Controlled Substances Act, or Section 70 of the
20 Methamphetamine Control and Community Protection Act shall
21 not be considered convicted. Any person found guilty of
22 this offense, while in actual physical control of a motor
23 vehicle, shall have an entry made in the court record by
24 the judge that this offense did occur while the person was
25 in actual physical control of a motor vehicle and order the
26 clerk of the court to report the violation to the Secretary

1 of State as such. The Secretary of State shall not issue a
2 new license or permit for a period of one year;

3 13. To any person who is under the age of 18 years and
4 who has committed the offense of operating a motor vehicle
5 without a valid license or permit in violation of Section
6 6-101 or a similar out of state offense;

7 14. To any person who is 90 days or more delinquent in
8 court ordered child support payments or has been
9 adjudicated in arrears in an amount equal to 90 days'
10 obligation or more and who has been found in contempt of
11 court for failure to pay the support, subject to the
12 requirements and procedures of Article VII of Chapter 7 of
13 the Illinois Vehicle Code;

14 14.5. To any person certified by the Illinois
15 Department of Healthcare and Family Services as being 90
16 days or more delinquent in payment of support under an
17 order of support entered by a court or administrative body
18 of this or any other State, subject to the requirements and
19 procedures of Article VII of Chapter 7 of this Code
20 regarding those certifications;

21 15. To any person released from a term of imprisonment
22 for violating Section 9-3 of the Criminal Code of 1961 or
23 the Criminal Code of 2012, or a similar provision of a law
24 of another state relating to reckless homicide or for
25 violating subparagraph (F) of paragraph (1) of subsection
26 (d) of Section 11-501 of this Code relating to aggravated

1 driving under the influence of alcohol, other drug or
2 drugs, intoxicating compound or compounds, or any
3 combination thereof, if the violation was the proximate
4 cause of a death, within 24 months of release from a term
5 of imprisonment;

6 16. To any person who, with intent to influence any act
7 related to the issuance of any driver's license or permit,
8 by an employee of the Secretary of State's Office, or the
9 owner or employee of any commercial driver training school
10 licensed by the Secretary of State, or any other individual
11 authorized by the laws of this State to give driving
12 instructions or administer all or part of a driver's
13 license examination, promises or tenders to that person any
14 property or personal advantage which that person is not
15 authorized by law to accept. Any persons promising or
16 tendering such property or personal advantage shall be
17 disqualified from holding any class of driver's license or
18 permit for 120 consecutive days. The Secretary of State
19 shall establish by rule the procedures for implementing
20 this period of disqualification and the procedures by which
21 persons so disqualified may obtain administrative review
22 of the decision to disqualify;

23 17. To any person for whom the Secretary of State
24 cannot verify the accuracy of any information or
25 documentation submitted in application for a driver's
26 license; or

1 18. To any person who has been adjudicated under the
2 Juvenile Court Act of 1987 based upon an offense that is
3 determined by the court to have been committed in
4 furtherance of the criminal activities of an organized
5 gang, as provided in Section 5-710 of that Act, and that
6 involved the operation or use of a motor vehicle or the use
7 of a driver's license or permit. The person shall be denied
8 a license or permit for the period determined by the court.

9 The Secretary of State shall retain all conviction
10 information, if the information is required to be held
11 confidential under the Juvenile Court Act of 1987.

12 (Source: P.A. 97-185, eff. 7-22-11; 97-1150, eff. 1-25-13;
13 98-167, eff. 7-1-14; 98-756, eff. 7-16-14.)

14 (625 ILCS 5/6-106.1)

15 Sec. 6-106.1. School bus driver permit.

16 (a) The Secretary of State shall issue a school bus driver
17 permit to those applicants who have met all the requirements of
18 the application and screening process under this Section to
19 insure the welfare and safety of children who are transported
20 on school buses throughout the State of Illinois. Applicants
21 shall obtain the proper application required by the Secretary
22 of State from their prospective or current employer and submit
23 the completed application to the prospective or current
24 employer along with the necessary fingerprint submission as
25 required by the Department of State Police to conduct

1 fingerprint based criminal background checks on current and
2 future information available in the state system and current
3 information available through the Federal Bureau of
4 Investigation's system. Applicants who have completed the
5 fingerprinting requirements shall not be subjected to the
6 fingerprinting process when applying for subsequent permits or
7 submitting proof of successful completion of the annual
8 refresher course. Individuals who on the effective date of this
9 Act possess a valid school bus driver permit that has been
10 previously issued by the appropriate Regional School
11 Superintendent are not subject to the fingerprinting
12 provisions of this Section as long as the permit remains valid
13 and does not lapse. The applicant shall be required to pay all
14 related application and fingerprinting fees as established by
15 rule including, but not limited to, the amounts established by
16 the Department of State Police and the Federal Bureau of
17 Investigation to process fingerprint based criminal background
18 investigations. All fees paid for fingerprint processing
19 services under this Section shall be deposited into the State
20 Police Services Fund for the cost incurred in processing the
21 fingerprint based criminal background investigations. All
22 other fees paid under this Section shall be deposited into the
23 Road Fund for the purpose of defraying the costs of the
24 Secretary of State in administering this Section. All
25 applicants must:

- 26 1. be 21 years of age or older;

1 2. possess a valid and properly classified driver's
2 license issued by the Secretary of State;

3 3. possess a valid driver's license, which has not been
4 revoked, suspended, or canceled for 3 years immediately
5 prior to the date of application, or have not had his or
6 her commercial motor vehicle driving privileges
7 disqualified within the 3 years immediately prior to the
8 date of application;

9 4. successfully pass a written test, administered by
10 the Secretary of State, on school bus operation, school bus
11 safety, and special traffic laws relating to school buses
12 and submit to a review of the applicant's driving habits by
13 the Secretary of State at the time the written test is
14 given;

15 5. demonstrate ability to exercise reasonable care in
16 the operation of school buses in accordance with rules
17 promulgated by the Secretary of State;

18 6. demonstrate physical fitness to operate school
19 buses by submitting the results of a medical examination,
20 including tests for drug use for each applicant not subject
21 to such testing pursuant to federal law, conducted by a
22 licensed physician, a licensed ~~an~~ advanced practice nurse
23 ~~who has a written collaborative agreement with a~~
24 ~~collaborating physician which authorizes him or her to~~
25 ~~perform medical examinations,~~ or a licensed physician
26 assistant ~~who has been delegated the performance of medical~~

1 ~~examinations by his or her supervising physician~~ within 90
2 days of the date of application according to standards
3 promulgated by the Secretary of State;

4 7. affirm under penalties of perjury that he or she has
5 not made a false statement or knowingly concealed a
6 material fact in any application for permit;

7 8. have completed an initial classroom course,
8 including first aid procedures, in school bus driver safety
9 as promulgated by the Secretary of State; and after
10 satisfactory completion of said initial course an annual
11 refresher course; such courses and the agency or
12 organization conducting such courses shall be approved by
13 the Secretary of State; failure to complete the annual
14 refresher course, shall result in cancellation of the
15 permit until such course is completed;

16 9. not have been under an order of court supervision
17 for or convicted of 2 or more serious traffic offenses, as
18 defined by rule, within one year prior to the date of
19 application that may endanger the life or safety of any of
20 the driver's passengers within the duration of the permit
21 period;

22 10. not have been under an order of court supervision
23 for or convicted of reckless driving, aggravated reckless
24 driving, driving while under the influence of alcohol,
25 other drug or drugs, intoxicating compound or compounds or
26 any combination thereof, or reckless homicide resulting

1 from the operation of a motor vehicle within 3 years of the
2 date of application;

3 11. not have been convicted of committing or attempting
4 to commit any one or more of the following offenses: (i)
5 those offenses defined in Sections 8-1.2, 9-1, 9-1.2, 9-2,
6 9-2.1, 9-3, 9-3.2, 9-3.3, 10-1, 10-2, 10-3.1, 10-4, 10-5,
7 10-5.1, 10-6, 10-7, 10-9, 11-1.20, 11-1.30, 11-1.40,
8 11-1.50, 11-1.60, 11-6, 11-6.5, 11-6.6, 11-9, 11-9.1,
9 11-9.3, 11-9.4, 11-14, 11-14.1, 11-14.3, 11-14.4, 11-15,
10 11-15.1, 11-16, 11-17, 11-17.1, 11-18, 11-18.1, 11-19,
11 11-19.1, 11-19.2, 11-20, 11-20.1, 11-20.1B, 11-20.3,
12 11-21, 11-22, 11-23, 11-24, 11-25, 11-26, 11-30, 12-2.6,
13 12-3.1, 12-4, 12-4.1, 12-4.2, 12-4.2-5, 12-4.3, 12-4.4,
14 12-4.5, 12-4.6, 12-4.7, 12-4.9, 12-5.01, 12-6, 12-6.2,
15 12-7.1, 12-7.3, 12-7.4, 12-7.5, 12-11, 12-13, 12-14,
16 12-14.1, 12-15, 12-16, 12-16.2, 12-21.5, 12-21.6, 12-33,
17 12C-5, 12C-10, 12C-20, 12C-30, 12C-45, 16-16, 16-16.1,
18 18-1, 18-2, 18-3, 18-4, 18-5, 19-6, 20-1, 20-1.1, 20-1.2,
19 20-1.3, 20-2, 24-1, 24-1.1, 24-1.2, 24-1.2-5, 24-1.6,
20 24-1.7, 24-2.1, 24-3.3, 24-3.5, 24-3.8, 24-3.9, 31A-1,
21 31A-1.1, 33A-2, and 33D-1, and in subsection (b) of Section
22 8-1, and in subdivisions (a)(1), (a)(2), (b)(1), (e)(1),
23 (e)(2), (e)(3), (e)(4), and (f)(1) of Section 12-3.05, and
24 in subsection (a) and subsection (b), clause (1), of
25 Section 12-4, and in subsection (A), clauses (a) and (b),
26 of Section 24-3, and those offenses contained in Article

1 29D of the Criminal Code of 1961 or the Criminal Code of
2 2012; (ii) those offenses defined in the Cannabis Control
3 Act except those offenses defined in subsections (a) and
4 (b) of Section 4, and subsection (a) of Section 5 of the
5 Cannabis Control Act; (iii) those offenses defined in the
6 Illinois Controlled Substances Act; (iv) those offenses
7 defined in the Methamphetamine Control and Community
8 Protection Act; (v) any offense committed or attempted in
9 any other state or against the laws of the United States,
10 which if committed or attempted in this State would be
11 punishable as one or more of the foregoing offenses; (vi)
12 the offenses defined in Section 4.1 and 5.1 of the Wrongs
13 to Children Act or Section 11-9.1A of the Criminal Code of
14 1961 or the Criminal Code of 2012; (vii) those offenses
15 defined in Section 6-16 of the Liquor Control Act of 1934;
16 and (viii) those offenses defined in the Methamphetamine
17 Precursor Control Act;

18 12. not have been repeatedly involved as a driver in
19 motor vehicle collisions or been repeatedly convicted of
20 offenses against laws and ordinances regulating the
21 movement of traffic, to a degree which indicates lack of
22 ability to exercise ordinary and reasonable care in the
23 safe operation of a motor vehicle or disrespect for the
24 traffic laws and the safety of other persons upon the
25 highway;

26 13. not have, through the unlawful operation of a motor

1 vehicle, caused an accident resulting in the death of any
2 person;

3 14. not have, within the last 5 years, been adjudged to
4 be afflicted with or suffering from any mental disability
5 or disease; and

6 15. consent, in writing, to the release of results of
7 reasonable suspicion drug and alcohol testing under
8 Section 6-106.1c of this Code by the employer of the
9 applicant to the Secretary of State.

10 (b) A school bus driver permit shall be valid for a period
11 specified by the Secretary of State as set forth by rule. It
12 shall be renewable upon compliance with subsection (a) of this
13 Section.

14 (c) A school bus driver permit shall contain the holder's
15 driver's license number, legal name, residence address, zip
16 code, and date of birth, a brief description of the holder and
17 a space for signature. The Secretary of State may require a
18 suitable photograph of the holder.

19 (d) The employer shall be responsible for conducting a
20 pre-employment interview with prospective school bus driver
21 candidates, distributing school bus driver applications and
22 medical forms to be completed by the applicant, and submitting
23 the applicant's fingerprint cards to the Department of State
24 Police that are required for the criminal background
25 investigations. The employer shall certify in writing to the
26 Secretary of State that all pre-employment conditions have been

1 successfully completed including the successful completion of
2 an Illinois specific criminal background investigation through
3 the Department of State Police and the submission of necessary
4 fingerprints to the Federal Bureau of Investigation for
5 criminal history information available through the Federal
6 Bureau of Investigation system. The applicant shall present the
7 certification to the Secretary of State at the time of
8 submitting the school bus driver permit application.

9 (e) Permits shall initially be provisional upon receiving
10 certification from the employer that all pre-employment
11 conditions have been successfully completed, and upon
12 successful completion of all training and examination
13 requirements for the classification of the vehicle to be
14 operated, the Secretary of State shall provisionally issue a
15 School Bus Driver Permit. The permit shall remain in a
16 provisional status pending the completion of the Federal Bureau
17 of Investigation's criminal background investigation based
18 upon fingerprinting specimens submitted to the Federal Bureau
19 of Investigation by the Department of State Police. The Federal
20 Bureau of Investigation shall report the findings directly to
21 the Secretary of State. The Secretary of State shall remove the
22 bus driver permit from provisional status upon the applicant's
23 successful completion of the Federal Bureau of Investigation's
24 criminal background investigation.

25 (f) A school bus driver permit holder shall notify the
26 employer and the Secretary of State if he or she is issued an

1 order of court supervision for or convicted in another state of
2 an offense that would make him or her ineligible for a permit
3 under subsection (a) of this Section. The written notification
4 shall be made within 5 days of the entry of the order of court
5 supervision or conviction. Failure of the permit holder to
6 provide the notification is punishable as a petty offense for a
7 first violation and a Class B misdemeanor for a second or
8 subsequent violation.

9 (g) Cancellation; suspension; notice and procedure.

10 (1) The Secretary of State shall cancel a school bus
11 driver permit of an applicant whose criminal background
12 investigation discloses that he or she is not in compliance
13 with the provisions of subsection (a) of this Section.

14 (2) The Secretary of State shall cancel a school bus
15 driver permit when he or she receives notice that the
16 permit holder fails to comply with any provision of this
17 Section or any rule promulgated for the administration of
18 this Section.

19 (3) The Secretary of State shall cancel a school bus
20 driver permit if the permit holder's restricted commercial
21 or commercial driving privileges are withdrawn or
22 otherwise invalidated.

23 (4) The Secretary of State may not issue a school bus
24 driver permit for a period of 3 years to an applicant who
25 fails to obtain a negative result on a drug test as
26 required in item 6 of subsection (a) of this Section or

1 under federal law.

2 (5) The Secretary of State shall forthwith suspend a
3 school bus driver permit for a period of 3 years upon
4 receiving notice that the holder has failed to obtain a
5 negative result on a drug test as required in item 6 of
6 subsection (a) of this Section or under federal law.

7 (6) The Secretary of State shall suspend a school bus
8 driver permit for a period of 3 years upon receiving notice
9 from the employer that the holder failed to perform the
10 inspection procedure set forth in subsection (a) or (b) of
11 Section 12-816 of this Code.

12 (7) The Secretary of State shall suspend a school bus
13 driver permit for a period of 3 years upon receiving notice
14 from the employer that the holder refused to submit to an
15 alcohol or drug test as required by Section 6-106.1c or has
16 submitted to a test required by that Section which
17 disclosed an alcohol concentration of more than 0.00 or
18 disclosed a positive result on a National Institute on Drug
19 Abuse five-drug panel, utilizing federal standards set
20 forth in 49 CFR 40.87.

21 The Secretary of State shall notify the State
22 Superintendent of Education and the permit holder's
23 prospective or current employer that the applicant has (1) has
24 failed a criminal background investigation or (2) is no longer
25 eligible for a school bus driver permit; and of the related
26 cancellation of the applicant's provisional school bus driver

1 permit. The cancellation shall remain in effect pending the
2 outcome of a hearing pursuant to Section 2-118 of this Code.
3 The scope of the hearing shall be limited to the issuance
4 criteria contained in subsection (a) of this Section. A
5 petition requesting a hearing shall be submitted to the
6 Secretary of State and shall contain the reason the individual
7 feels he or she is entitled to a school bus driver permit. The
8 permit holder's employer shall notify in writing to the
9 Secretary of State that the employer has certified the removal
10 of the offending school bus driver from service prior to the
11 start of that school bus driver's next workshift. An employing
12 school board that fails to remove the offending school bus
13 driver from service is subject to the penalties defined in
14 Section 3-14.23 of the School Code. A school bus contractor who
15 violates a provision of this Section is subject to the
16 penalties defined in Section 6-106.11.

17 All valid school bus driver permits issued under this
18 Section prior to January 1, 1995, shall remain effective until
19 their expiration date unless otherwise invalidated.

20 (h) When a school bus driver permit holder who is a service
21 member is called to active duty, the employer of the permit
22 holder shall notify the Secretary of State, within 30 days of
23 notification from the permit holder, that the permit holder has
24 been called to active duty. Upon notification pursuant to this
25 subsection, (i) the Secretary of State shall characterize the
26 permit as inactive until a permit holder renews the permit as

1 provided in subsection (i) of this Section, and (ii) if a
2 permit holder fails to comply with the requirements of this
3 Section while called to active duty, the Secretary of State
4 shall not characterize the permit as invalid.

5 (i) A school bus driver permit holder who is a service
6 member returning from active duty must, within 90 days, renew a
7 permit characterized as inactive pursuant to subsection (h) of
8 this Section by complying with the renewal requirements of
9 subsection (b) of this Section.

10 (j) For purposes of subsections (h) and (i) of this
11 Section:

12 "Active duty" means active duty pursuant to an executive
13 order of the President of the United States, an act of the
14 Congress of the United States, or an order of the Governor.

15 "Service member" means a member of the Armed Services or
16 reserve forces of the United States or a member of the Illinois
17 National Guard.

18 (Source: P.A. 96-89, eff. 7-27-09; 96-818, eff. 11-17-09;
19 96-962, eff. 7-2-10; 96-1000, eff. 7-2-10; 96-1182, eff.
20 7-22-10; 96-1551, Article 1, Section 950, eff. 7-1-11; 96-1551,
21 Article 2, Section 1025, eff. 7-1-11; 97-224, eff. 7-28-11;
22 97-229, eff. 7-28-11; 97-333, eff. 8-12-11; 97-466, eff.
23 1-1-12; 97-1108, eff. 1-1-13; 97-1109, eff. 1-1-13; 97-1150,
24 eff. 1-25-13.)

1 Sec. 6-901. Definitions. For the purposes of this Article:

2 "Board" means the Driver's License Medical Advisory Board.

3 "Medical examiner" or "medical practitioner" means:

4 (i) any person licensed to practice medicine in all its
5 branches in the State of Illinois or any other state;

6 (ii) a licensed physician assistant ~~who has been~~
7 ~~delegated the performance of medical examinations by his or~~
8 ~~her supervising physician; or~~

9 (iii) a licensed advanced practice nurse ~~who has a~~
10 ~~written collaborative agreement with a collaborating~~
11 ~~physician which authorizes him or her to perform medical~~
12 ~~examinations.~~

13 (Source: P.A. 96-962, eff. 7-2-10; 97-185, eff. 7-22-11.)

14 Section 120. The Illinois Controlled Substances Act is
15 amended by changing Sections 102 and 303.05 as follows:

16 (720 ILCS 570/102) (from Ch. 56 1/2, par. 1102)

17 Sec. 102. Definitions. As used in this Act, unless the
18 context otherwise requires:

19 (a) "Addict" means any person who habitually uses any drug,
20 chemical, substance or dangerous drug other than alcohol so as
21 to endanger the public morals, health, safety or welfare or who
22 is so far addicted to the use of a dangerous drug or controlled
23 substance other than alcohol as to have lost the power of self
24 control with reference to his or her addiction.

1 (b) "Administer" means the direct application of a
2 controlled substance, whether by injection, inhalation,
3 ingestion, or any other means, to the body of a patient,
4 research subject, or animal (as defined by the Humane
5 Euthanasia in Animal Shelters Act) by:

6 (1) a practitioner (or, in his or her presence, by his
7 or her authorized agent),

8 (2) the patient or research subject pursuant to an
9 order, or

10 (3) a euthanasia technician as defined by the Humane
11 Euthanasia in Animal Shelters Act.

12 (c) "Agent" means an authorized person who acts on behalf
13 of or at the direction of a manufacturer, distributor,
14 dispenser, prescriber, or practitioner. It does not include a
15 common or contract carrier, public warehouseman or employee of
16 the carrier or warehouseman.

17 (c-1) "Anabolic Steroids" means any drug or hormonal
18 substance, chemically and pharmacologically related to
19 testosterone (other than estrogens, progestins,
20 corticosteroids, and dehydroepiandrosterone), and includes:

21 (i) 3[beta] ,17-dihydroxy-5a-androstane,

22 (ii) 3[alpha] ,17[beta] -dihydroxy-5a-androstane,

23 (iii) 5[alpha] -androstane-3,17-dione,

24 (iv) 1-androstenediol (3[beta] ,

25 17[beta] -dihydroxy-5[alpha] -androst-1-ene),

26 (v) 1-androstenediol (3[alpha] ,

1 17[beta] -dihydroxy-5[alpha] -androst-1-ene),
2 (vi) 4-androstenediol
3 (3[beta] ,17[beta] -dihydroxy-androst-4-ene),
4 (vii) 5-androstenediol
5 (3[beta] ,17[beta] -dihydroxy-androst-5-ene),
6 (viii) 1-androstenedione
7 ([5alpha] -androst-1-en-3,17-dione),
8 (ix) 4-androstenedione
9 (androst-4-en-3,17-dione),
10 (x) 5-androstenedione
11 (androst-5-en-3,17-dione),
12 (xi) bolasterone (7[alpha] ,17a-dimethyl-17[beta] -
13 hydroxyandrost-4-en-3-one),
14 (xii) boldenone (17[beta] -hydroxyandrost-
15 1,4,-diene-3-one),
16 (xiii) boldione (androsta-1,4-
17 diene-3,17-dione),
18 (xiv) calusterone (7[beta] ,17[alpha] -dimethyl-17
19 [beta] -hydroxyandrost-4-en-3-one),
20 (xv) clostebol (4-chloro-17[beta] -
21 hydroxyandrost-4-en-3-one),
22 (xvi) dehydrochloromethyltestosterone (4-chloro-
23 17[beta] -hydroxy-17[alpha] -methyl-
24 androst-1,4-dien-3-one),
25 (xvii) desoxymethyltestosterone
26 (17[alpha] -methyl-5[alpha]

1 -androst-2-en-17[beta] -ol) (a.k.a., madol),
2 (xviii) [delta] 1-dihydrotestosterone (a.k.a.
3 '1-testosterone') (17[beta] -hydroxy-
4 5[alpha] -androst-1-en-3-one),
5 (xix) 4-dihydrotestosterone (17[beta] -hydroxy-
6 androstan-3-one),
7 (xx) drostanolone (17[beta] -hydroxy-2[alpha] -methyl-
8 5[alpha] -androstan-3-one),
9 (xxi) ethylestrenol (17[alpha] -ethyl-17[beta] -
10 hydroxyestr-4-ene),
11 (xxii) fluoxymesterone (9-fluoro-17[alpha] -methyl-
12 1[beta] ,17[beta] -dihydroxyandrost-4-en-3-one),
13 (xxiii) formebolone (2-formyl-17[alpha] -methyl-11[alpha] ,
14 17[beta] -dihydroxyandrost-1,4-dien-3-one),
15 (xxiv) furazabol (17[alpha] -methyl-17[beta] -
16 hydroxyandrostan[2,3-c] -furan),
17 (xxv) 13[beta] -ethyl-17[beta] -hydroxygon-4-en-3-one)
18 (xxvi) 4-hydroxytestosterone (4,17[beta] -dihydroxy-
19 androst-4-en-3-one),
20 (xxvii) 4-hydroxy-19-nortestosterone (4,17[beta] -
21 dihydroxy-estr-4-en-3-one),
22 (xxviii) mestanolone (17[alpha] -methyl-17[beta] -
23 hydroxy-5-androstan-3-one),
24 (xxix) mesterolone (1-methyl-17[beta] -hydroxy-
25 [5a] -androstan-3-one),
26 (xxx) methandienone (17[alpha] -methyl-17[beta] -

1 hydroxyandrost-1,4-dien-3-one),
2 (xxxix) methandriol (17[alpha] -methyl-3[beta] ,17[beta] -
3 dihydroxyandrost-5-ene),
4 (xxxix) methenolone (1-methyl-17[beta] -hydroxy-
5 5[alpha] -androst-1-en-3-one),
6 (xxxiii) 17[alpha] -methyl-3[beta] , 17[beta] -
7 dihydroxy-5a-androstane),
8 (xxxiv) 17[alpha] -methyl-3[alpha] ,17[beta] -dihydroxy
9 -5a-androstane),
10 (xxxv) 17[alpha] -methyl-3[beta] ,17[beta] -
11 dihydroxyandrost-4-ene),
12 (xxxvi) 17[alpha] -methyl-4-hydroxynandrolone (17[alpha] -
13 methyl-4-hydroxy-17[beta] -hydroxyestr-4-en-3-one),
14 (xxxvii) methyldienolone (17[alpha] -methyl-17[beta] -
15 hydroxyestra-4,9(10)-dien-3-one),
16 (xxxviii) methyltrienolone (17[alpha] -methyl-17[beta] -
17 hydroxyestra-4,9-11-trien-3-one),
18 (xxxix) methyltestosterone (17[alpha] -methyl-17[beta] -
19 hydroxyandrost-4-en-3-one),
20 (xl) mibolerone (7[alpha] ,17a-dimethyl-17[beta] -
21 hydroxyestr-4-en-3-one),
22 (xli) 17[alpha] -methyl-[delta] 1-dihydrotestosterone
23 (17b[beta] -hydroxy-17[alpha] -methyl-5[alpha] -
24 androst-1-en-3-one) (a.k.a. '17-[alpha] -methyl-
25 1-testosterone'),
26 (xlii) nandrolone (17[beta] -hydroxyestr-4-en-3-one),

- 1 (xliii) 19-nor-4-androstenediol (3[beta] , 17[beta] -
2 dihydroxyestr-4-ene) ,
3 (xliv) 19-nor-4-androstenediol (3[alpha] , 17[beta] -
4 dihydroxyestr-4-ene) ,
5 (xlv) 19-nor-5-androstenediol (3[beta] , 17[beta] -
6 dihydroxyestr-5-ene) ,
7 (xlvi) 19-nor-5-androstenediol (3[alpha] , 17[beta] -
8 dihydroxyestr-5-ene) ,
9 (xlvii) 19-nor-4,9(10)-androstadienedione
10 (estra-4,9(10)-diene-3,17-dione) ,
11 (xlviii) 19-nor-4-androstenedione (estr-4-
12 en-3,17-dione) ,
13 (xlix) 19-nor-5-androstenedione (estr-5-
14 en-3,17-dione) ,
15 (l) norbolethone (13[beta] , 17a-diethyl-17[beta] -
16 hydroxygon-4-en-3-one) ,
17 (li) norclostebol (4-chloro-17[beta] -
18 hydroxyestr-4-en-3-one) ,
19 (lii) norethandrolone (17[alpha] -ethyl-17[beta] -
20 hydroxyestr-4-en-3-one) ,
21 (liii) normethandrolone (17[alpha] -methyl-17[beta] -
22 hydroxyestr-4-en-3-one) ,
23 (liv) oxandrolone (17[alpha] -methyl-17[beta] -hydroxy-
24 2-oxa-5[alpha] -androstan-3-one) ,
25 (lv) oxymesterone (17[alpha] -methyl-4,17[beta] -
26 dihydroxyandrost-4-en-3-one) ,

- 1 (lvi) oxymetholone (17[alpha] -methyl-2-hydroxymethylene-
2 17[beta] -hydroxy- (5[alpha] -androst-3-one),
3 (lvii) stanozolol (17[alpha] -methyl-17[beta] -hydroxy-
4 (5[alpha] -androst-2-eno[3,2-c] -pyrazole),
5 (lviii) stenbolone (17[beta] -hydroxy-2-methyl-
6 (5[alpha] -androst-1-en-3-one),
7 (lix) testolactone (13-hydroxy-3-oxo-13,17-
8 secoandrosta-1,4-dien-17-oic
9 acid lactone),
10 (lx) testosterone (17[beta] -hydroxyandrost-
11 4-en-3-one),
12 (lxi) tetrahydrogestrinone (13[beta] , 17[alpha] -
13 diethyl-17[beta] -hydroxygon-
14 4,9,11-trien-3-one),
15 (lxii) trenbolone (17[beta] -hydroxyestr-4,9,
16 11-trien-3-one).

17 Any person who is otherwise lawfully in possession of an
18 anabolic steroid, or who otherwise lawfully manufactures,
19 distributes, dispenses, delivers, or possesses with intent to
20 deliver an anabolic steroid, which anabolic steroid is
21 expressly intended for and lawfully allowed to be administered
22 through implants to livestock or other nonhuman species, and
23 which is approved by the Secretary of Health and Human Services
24 for such administration, and which the person intends to
25 administer or have administered through such implants, shall
26 not be considered to be in unauthorized possession or to

1 unlawfully manufacture, distribute, dispense, deliver, or
2 possess with intent to deliver such anabolic steroid for
3 purposes of this Act.

4 (d) "Administration" means the Drug Enforcement
5 Administration, United States Department of Justice, or its
6 successor agency.

7 (d-5) "Clinical Director, Prescription Monitoring Program"
8 means a Department of Human Services administrative employee
9 licensed to either prescribe or dispense controlled substances
10 who shall run the clinical aspects of the Department of Human
11 Services Prescription Monitoring Program and its Prescription
12 Information Library.

13 (d-10) "Compounding" means the preparation and mixing of
14 components, excluding flavorings, (1) as the result of a
15 prescriber's prescription drug order or initiative based on the
16 prescriber-patient-pharmacist relationship in the course of
17 professional practice or (2) for the purpose of, or incident
18 to, research, teaching, or chemical analysis and not for sale
19 or dispensing. "Compounding" includes the preparation of drugs
20 or devices in anticipation of receiving prescription drug
21 orders based on routine, regularly observed dispensing
22 patterns. Commercially available products may be compounded
23 for dispensing to individual patients only if both of the
24 following conditions are met: (i) the commercial product is not
25 reasonably available from normal distribution channels in a
26 timely manner to meet the patient's needs and (ii) the

1 prescribing practitioner has requested that the drug be
2 compounded.

3 (e) "Control" means to add a drug or other substance, or
4 immediate precursor, to a Schedule whether by transfer from
5 another Schedule or otherwise.

6 (f) "Controlled Substance" means (i) a drug, substance, or
7 immediate precursor in the Schedules of Article II of this Act
8 or (ii) a drug or other substance, or immediate precursor,
9 designated as a controlled substance by the Department through
10 administrative rule. The term does not include distilled
11 spirits, wine, malt beverages, or tobacco, as those terms are
12 defined or used in the Liquor Control Act of 1934 and the
13 Tobacco Products Tax Act of 1995.

14 (f-5) "Controlled substance analog" means a substance:

15 (1) the chemical structure of which is substantially
16 similar to the chemical structure of a controlled substance
17 in Schedule I or II;

18 (2) which has a stimulant, depressant, or
19 hallucinogenic effect on the central nervous system that is
20 substantially similar to or greater than the stimulant,
21 depressant, or hallucinogenic effect on the central
22 nervous system of a controlled substance in Schedule I or
23 II; or

24 (3) with respect to a particular person, which such
25 person represents or intends to have a stimulant,
26 depressant, or hallucinogenic effect on the central

1 nervous system that is substantially similar to or greater
2 than the stimulant, depressant, or hallucinogenic effect
3 on the central nervous system of a controlled substance in
4 Schedule I or II.

5 (g) "Counterfeit substance" means a controlled substance,
6 which, or the container or labeling of which, without
7 authorization bears the trademark, trade name, or other
8 identifying mark, imprint, number or device, or any likeness
9 thereof, of a manufacturer, distributor, or dispenser other
10 than the person who in fact manufactured, distributed, or
11 dispensed the substance.

12 (h) "Deliver" or "delivery" means the actual, constructive
13 or attempted transfer of possession of a controlled substance,
14 with or without consideration, whether or not there is an
15 agency relationship.

16 (i) "Department" means the Illinois Department of Human
17 Services (as successor to the Department of Alcoholism and
18 Substance Abuse) or its successor agency.

19 (j) (Blank).

20 (k) "Department of Corrections" means the Department of
21 Corrections of the State of Illinois or its successor agency.

22 (l) "Department of Financial and Professional Regulation"
23 means the Department of Financial and Professional Regulation
24 of the State of Illinois or its successor agency.

25 (m) "Depressant" means any drug that (i) causes an overall
26 depression of central nervous system functions, (ii) causes

1 impaired consciousness and awareness, and (iii) can be
2 habit-forming or lead to a substance abuse problem, including
3 but not limited to alcohol, cannabis and its active principles
4 and their analogs, benzodiazepines and their analogs,
5 barbiturates and their analogs, opioids (natural and
6 synthetic) and their analogs, and chloral hydrate and similar
7 sedative hypnotics.

8 (n) (Blank).

9 (o) "Director" means the Director of the Illinois State
10 Police or his or her designated agents.

11 (p) "Dispense" means to deliver a controlled substance to
12 an ultimate user or research subject by or pursuant to the
13 lawful order of a prescriber, including the prescribing,
14 administering, packaging, labeling, or compounding necessary
15 to prepare the substance for that delivery.

16 (q) "Dispenser" means a practitioner who dispenses.

17 (r) "Distribute" means to deliver, other than by
18 administering or dispensing, a controlled substance.

19 (s) "Distributor" means a person who distributes.

20 (t) "Drug" means (1) substances recognized as drugs in the
21 official United States Pharmacopoeia, Official Homeopathic
22 Pharmacopoeia of the United States, or official National
23 Formulary, or any supplement to any of them; (2) substances
24 intended for use in diagnosis, cure, mitigation, treatment, or
25 prevention of disease in man or animals; (3) substances (other
26 than food) intended to affect the structure of any function of

1 the body of man or animals and (4) substances intended for use
2 as a component of any article specified in clause (1), (2), or
3 (3) of this subsection. It does not include devices or their
4 components, parts, or accessories.

5 (t-5) "Euthanasia agency" means an entity certified by the
6 Department of Financial and Professional Regulation for the
7 purpose of animal euthanasia that holds an animal control
8 facility license or animal shelter license under the Animal
9 Welfare Act. A euthanasia agency is authorized to purchase,
10 store, possess, and utilize Schedule II nonnarcotic and
11 Schedule III nonnarcotic drugs for the sole purpose of animal
12 euthanasia.

13 (t-10) "Euthanasia drugs" means Schedule II or Schedule III
14 substances (nonnarcotic controlled substances) that are used
15 by a euthanasia agency for the purpose of animal euthanasia.

16 (u) "Good faith" means the prescribing or dispensing of a
17 controlled substance by a practitioner in the regular course of
18 professional treatment to or for any person who is under his or
19 her treatment for a pathology or condition other than that
20 individual's physical or psychological dependence upon or
21 addiction to a controlled substance, except as provided herein:
22 and application of the term to a pharmacist shall mean the
23 dispensing of a controlled substance pursuant to the
24 prescriber's order which in the professional judgment of the
25 pharmacist is lawful. The pharmacist shall be guided by
26 accepted professional standards including, but not limited to

1 the following, in making the judgment:

2 (1) lack of consistency of prescriber-patient
3 relationship,

4 (2) frequency of prescriptions for same drug by one
5 prescriber for large numbers of patients,

6 (3) quantities beyond those normally prescribed,

7 (4) unusual dosages (recognizing that there may be
8 clinical circumstances where more or less than the usual
9 dose may be used legitimately),

10 (5) unusual geographic distances between patient,
11 pharmacist and prescriber,

12 (6) consistent prescribing of habit-forming drugs.

13 (u-0.5) "Hallucinogen" means a drug that causes markedly
14 altered sensory perception leading to hallucinations of any
15 type.

16 (u-1) "Home infusion services" means services provided by a
17 pharmacy in compounding solutions for direct administration to
18 a patient in a private residence, long-term care facility, or
19 hospice setting by means of parenteral, intravenous,
20 intramuscular, subcutaneous, or intraspinal infusion.

21 (u-5) "Illinois State Police" means the State Police of the
22 State of Illinois, or its successor agency.

23 (v) "Immediate precursor" means a substance:

24 (1) which the Department has found to be and by rule
25 designated as being a principal compound used, or produced
26 primarily for use, in the manufacture of a controlled

1 substance;

2 (2) which is an immediate chemical intermediary used or
3 likely to be used in the manufacture of such controlled
4 substance; and

5 (3) the control of which is necessary to prevent,
6 curtail or limit the manufacture of such controlled
7 substance.

8 (w) "Instructional activities" means the acts of teaching,
9 educating or instructing by practitioners using controlled
10 substances within educational facilities approved by the State
11 Board of Education or its successor agency.

12 (x) "Local authorities" means a duly organized State,
13 County or Municipal peace unit or police force.

14 (y) "Look-alike substance" means a substance, other than a
15 controlled substance which (1) by overall dosage unit
16 appearance, including shape, color, size, markings or lack
17 thereof, taste, consistency, or any other identifying physical
18 characteristic of the substance, would lead a reasonable person
19 to believe that the substance is a controlled substance, or (2)
20 is expressly or impliedly represented to be a controlled
21 substance or is distributed under circumstances which would
22 lead a reasonable person to believe that the substance is a
23 controlled substance. For the purpose of determining whether
24 the representations made or the circumstances of the
25 distribution would lead a reasonable person to believe the
26 substance to be a controlled substance under this clause (2) of

1 subsection (y), the court or other authority may consider the
2 following factors in addition to any other factor that may be
3 relevant:

4 (a) statements made by the owner or person in control
5 of the substance concerning its nature, use or effect;

6 (b) statements made to the buyer or recipient that the
7 substance may be resold for profit;

8 (c) whether the substance is packaged in a manner
9 normally used for the illegal distribution of controlled
10 substances;

11 (d) whether the distribution or attempted distribution
12 included an exchange of or demand for money or other
13 property as consideration, and whether the amount of the
14 consideration was substantially greater than the
15 reasonable retail market value of the substance.

16 Clause (1) of this subsection (y) shall not apply to a
17 noncontrolled substance in its finished dosage form that was
18 initially introduced into commerce prior to the initial
19 introduction into commerce of a controlled substance in its
20 finished dosage form which it may substantially resemble.

21 Nothing in this subsection (y) prohibits the dispensing or
22 distributing of noncontrolled substances by persons authorized
23 to dispense and distribute controlled substances under this
24 Act, provided that such action would be deemed to be carried
25 out in good faith under subsection (u) if the substances
26 involved were controlled substances.

1 Nothing in this subsection (y) or in this Act prohibits the
2 manufacture, preparation, propagation, compounding,
3 processing, packaging, advertising or distribution of a drug or
4 drugs by any person registered pursuant to Section 510 of the
5 Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360).

6 (y-1) "Mail-order pharmacy" means a pharmacy that is
7 located in a state of the United States that delivers,
8 dispenses or distributes, through the United States Postal
9 Service or other common carrier, to Illinois residents, any
10 substance which requires a prescription.

11 (z) "Manufacture" means the production, preparation,
12 propagation, compounding, conversion or processing of a
13 controlled substance other than methamphetamine, either
14 directly or indirectly, by extraction from substances of
15 natural origin, or independently by means of chemical
16 synthesis, or by a combination of extraction and chemical
17 synthesis, and includes any packaging or repackaging of the
18 substance or labeling of its container, except that this term
19 does not include:

20 (1) by an ultimate user, the preparation or compounding
21 of a controlled substance for his or her own use; or

22 (2) by a practitioner, or his or her authorized agent
23 under his or her supervision, the preparation,
24 compounding, packaging, or labeling of a controlled
25 substance:

26 (a) as an incident to his or her administering or

1 dispensing of a controlled substance in the course of
2 his or her professional practice; or

3 (b) as an incident to lawful research, teaching or
4 chemical analysis and not for sale.

5 (z-1) (Blank).

6 (z-5) "Medication shopping" means the conduct prohibited
7 under subsection (a) of Section 314.5 of this Act.

8 (z-10) "Mid-level practitioner" means (i) a physician
9 assistant who has been delegated authority to prescribe through
10 a written delegation of authority by a physician licensed to
11 practice medicine in all of its branches, in accordance with
12 Section 7.5 of the Physician Assistant Practice Act of 1987,
13 (ii) an advanced practice nurse who has been delegated
14 authority to prescribe through a written delegation of
15 authority by a physician licensed to practice medicine in all
16 of its branches or by a podiatric physician, in accordance with
17 Section 65-40 of the Nurse Practice Act, (iii) an advanced
18 practice nurse certified as a nurse practitioner, nurse
19 midwife, or clinical nurse specialist who has been granted
20 authority to prescribe by a hospital affiliate in accordance
21 with Section 65-45 of the Nurse Practice Act, (iv) an animal
22 euthanasia agency, or (v) ~~(iv)~~ a prescribing psychologist.

23 (aa) "Narcotic drug" means any of the following, whether
24 produced directly or indirectly by extraction from substances
25 of vegetable origin, or independently by means of chemical
26 synthesis, or by a combination of extraction and chemical

1 synthesis:

2 (1) opium, opiates, derivatives of opium and opiates,
3 including their isomers, esters, ethers, salts, and salts
4 of isomers, esters, and ethers, whenever the existence of
5 such isomers, esters, ethers, and salts is possible within
6 the specific chemical designation; however the term
7 "narcotic drug" does not include the isoquinoline
8 alkaloids of opium;

9 (2) (blank);

10 (3) opium poppy and poppy straw;

11 (4) coca leaves, except coca leaves and extracts of
12 coca leaves from which substantially all of the cocaine and
13 ecgonine, and their isomers, derivatives and salts, have
14 been removed;

15 (5) cocaine, its salts, optical and geometric isomers,
16 and salts of isomers;

17 (6) ecgonine, its derivatives, their salts, isomers,
18 and salts of isomers;

19 (7) any compound, mixture, or preparation which
20 contains any quantity of any of the substances referred to
21 in subparagraphs (1) through (6).

22 (bb) "Nurse" means a registered nurse licensed under the
23 Nurse Practice Act.

24 (cc) (Blank).

25 (dd) "Opiate" means any substance having an addiction
26 forming or addiction sustaining liability similar to morphine

1 or being capable of conversion into a drug having addiction
2 forming or addiction sustaining liability.

3 (ee) "Opium poppy" means the plant of the species *Papaver*
4 *somniferum* L., except its seeds.

5 (ee-5) "Oral dosage" means a tablet, capsule, elixir, or
6 solution or other liquid form of medication intended for
7 administration by mouth, but the term does not include a form
8 of medication intended for buccal, sublingual, or transmucosal
9 administration.

10 (ff) "Parole and Pardon Board" means the Parole and Pardon
11 Board of the State of Illinois or its successor agency.

12 (gg) "Person" means any individual, corporation,
13 mail-order pharmacy, government or governmental subdivision or
14 agency, business trust, estate, trust, partnership or
15 association, or any other entity.

16 (hh) "Pharmacist" means any person who holds a license or
17 certificate of registration as a registered pharmacist, a local
18 registered pharmacist or a registered assistant pharmacist
19 under the Pharmacy Practice Act.

20 (ii) "Pharmacy" means any store, ship or other place in
21 which pharmacy is authorized to be practiced under the Pharmacy
22 Practice Act.

23 (ii-5) "Pharmacy shopping" means the conduct prohibited
24 under subsection (b) of Section 314.5 of this Act.

25 (ii-10) "Physician" (except when the context otherwise
26 requires) means a person licensed to practice medicine in all

1 of its branches.

2 (jj) "Poppy straw" means all parts, except the seeds, of
3 the opium poppy, after mowing.

4 (kk) "Practitioner" means a physician licensed to practice
5 medicine in all its branches, dentist, optometrist, podiatric
6 physician, veterinarian, scientific investigator, pharmacist,
7 physician assistant, advanced practice nurse, licensed
8 practical nurse, registered nurse, hospital, laboratory, or
9 pharmacy, or other person licensed, registered, or otherwise
10 lawfully permitted by the United States or this State to
11 distribute, dispense, conduct research with respect to,
12 administer or use in teaching or chemical analysis, a
13 controlled substance in the course of professional practice or
14 research.

15 (ll) "Pre-printed prescription" means a written
16 prescription upon which the designated drug has been indicated
17 prior to the time of issuance; the term does not mean a written
18 prescription that is individually generated by machine or
19 computer in the prescriber's office.

20 (mm) "Prescriber" means a physician licensed to practice
21 medicine in all its branches, dentist, optometrist,
22 prescribing psychologist licensed under Section 4.2 of the
23 Clinical Psychologist Licensing Act with prescriptive
24 authority delegated under Section 4.3 of the Clinical
25 Psychologist Licensing Act, podiatric physician, or
26 veterinarian who issues a prescription, a physician assistant

1 who issues a prescription for a controlled substance in
2 accordance with Section 303.05, a written delegation, and a
3 written supervision agreement required under Section 7.5 of the
4 Physician Assistant Practice Act of 1987, ~~or~~ an advanced
5 practice nurse with prescriptive authority delegated under
6 Section 65-40 of the Nurse Practice Act and in accordance with
7 Section 303.05, a written delegation, and a written
8 collaborative agreement under Section 65-35 of the Nurse
9 Practice Act, or an advanced practice nurse certified as a
10 nurse practitioner, nurse midwife, or clinical nurse
11 specialist who has been granted authority to prescribe by a
12 hospital affiliate in accordance with Section 65-45 of the
13 Nurse Practice Act and in accordance with Section 303.05.

14 (nn) "Prescription" means a written, facsimile, or oral
15 order, or an electronic order that complies with applicable
16 federal requirements, of a physician licensed to practice
17 medicine in all its branches, dentist, podiatric physician or
18 veterinarian for any controlled substance, of an optometrist
19 for a Schedule II, III, IV, or V controlled substance in
20 accordance with Section 15.1 of the Illinois Optometric
21 Practice Act of 1987, of a prescribing psychologist licensed
22 under Section 4.2 of the Clinical Psychologist Licensing Act
23 with prescriptive authority delegated under Section 4.3 of the
24 Clinical Psychologist Licensing Act, of a physician assistant
25 for a controlled substance in accordance with Section 303.05, a
26 written delegation, and a written supervision agreement

1 required under Section 7.5 of the Physician Assistant Practice
2 Act of 1987, ~~or~~ of an advanced practice nurse with prescriptive
3 authority delegated under Section 65-40 of the Nurse Practice
4 Act who issues a prescription for a controlled substance in
5 accordance with Section 303.05, a written delegation, and a
6 written collaborative agreement under Section 65-35 of the
7 Nurse Practice Act, or of an advanced practice nurse certified
8 as a nurse practitioner, nurse midwife, or clinical nurse
9 specialist who has been granted authority to prescribe by a
10 hospital affiliate in accordance with Section 65-45 of the
11 Nurse Practice Act and in accordance with Section 303.05 when
12 required by law.

13 (nn-5) "Prescription Information Library" (PIL) means an
14 electronic library that contains reported controlled substance
15 data.

16 (nn-10) "Prescription Monitoring Program" (PMP) means the
17 entity that collects, tracks, and stores reported data on
18 controlled substances and select drugs pursuant to Section 316.

19 (oo) "Production" or "produce" means manufacture,
20 planting, cultivating, growing, or harvesting of a controlled
21 substance other than methamphetamine.

22 (pp) "Registrant" means every person who is required to
23 register under Section 302 of this Act.

24 (qq) "Registry number" means the number assigned to each
25 person authorized to handle controlled substances under the
26 laws of the United States and of this State.

1 (qq-5) "Secretary" means, as the context requires, either
2 the Secretary of the Department or the Secretary of the
3 Department of Financial and Professional Regulation, and the
4 Secretary's designated agents.

5 (rr) "State" includes the State of Illinois and any state,
6 district, commonwealth, territory, insular possession thereof,
7 and any area subject to the legal authority of the United
8 States of America.

9 (rr-5) "Stimulant" means any drug that (i) causes an
10 overall excitation of central nervous system functions, (ii)
11 causes impaired consciousness and awareness, and (iii) can be
12 habit-forming or lead to a substance abuse problem, including
13 but not limited to amphetamines and their analogs,
14 methylphenidate and its analogs, cocaine, and phencyclidine
15 and its analogs.

16 (ss) "Ultimate user" means a person who lawfully possesses
17 a controlled substance for his or her own use or for the use of
18 a member of his or her household or for administering to an
19 animal owned by him or her or by a member of his or her
20 household.

21 (Source: P.A. 97-334, eff. 1-1-12; 98-214, eff. 8-9-13; 98-668,
22 eff. 6-25-14; 98-756, eff. 7-16-14; 98-1111, eff. 8-26-14;
23 revised 10-1-14.)

24 (720 ILCS 570/303.05)

25 Sec. 303.05. Mid-level practitioner registration.

1 (a) The Department of Financial and Professional
2 Regulation shall register licensed physician assistants,
3 licensed advanced practice nurses, and prescribing
4 psychologists licensed under Section 4.2 of the Clinical
5 Psychologist Licensing Act to prescribe and dispense
6 controlled substances under Section 303 and euthanasia
7 agencies to purchase, store, or administer animal euthanasia
8 drugs under the following circumstances:

9 (1) with respect to physician assistants,

10 (A) the physician assistant has been delegated
11 written authority to prescribe any Schedule III
12 through V controlled substances by a physician
13 licensed to practice medicine in all its branches in
14 accordance with Section 7.5 of the Physician Assistant
15 Practice Act of 1987; and the physician assistant has
16 completed the appropriate application forms and has
17 paid the required fees as set by rule; or

18 (B) the physician assistant has been delegated
19 authority by a supervising physician licensed to
20 practice medicine in all its branches to prescribe or
21 dispense Schedule II controlled substances through a
22 written delegation of authority and under the
23 following conditions:

24 (i) Specific Schedule II controlled substances
25 by oral dosage or topical or transdermal
26 application may be delegated, provided that the

1 delegated Schedule II controlled substances are
2 routinely prescribed by the supervising physician.
3 This delegation must identify the specific
4 Schedule II controlled substances by either brand
5 name or generic name. Schedule II controlled
6 substances to be delivered by injection or other
7 route of administration may not be delegated;

8 (ii) any delegation must be of controlled
9 substances prescribed by the supervising
10 physician;

11 (iii) all prescriptions must be limited to no
12 more than a 30-day supply, with any continuation
13 authorized only after prior approval of the
14 supervising physician;

15 (iv) the physician assistant must discuss the
16 condition of any patients for whom a controlled
17 substance is prescribed monthly with the
18 delegating physician;

19 (v) the physician assistant must have
20 completed the appropriate application forms and
21 paid the required fees as set by rule;

22 (vi) the physician assistant must provide
23 evidence of satisfactory completion of 45 contact
24 hours in pharmacology from any physician assistant
25 program accredited by the Accreditation Review
26 Commission on Education for the Physician

1 Assistant (ARC-PA), or its predecessor agency, for
2 any new license issued with Schedule II authority
3 after the effective date of this amendatory Act of
4 the 97th General Assembly; and

5 (vii) the physician assistant must annually
6 complete at least 5 hours of continuing education
7 in pharmacology;

8 (2) with respect to advanced practice nurses,

9 (A) the advanced practice nurse has been delegated
10 authority to prescribe any Schedule III through V
11 controlled substances by a collaborating physician
12 licensed to practice medicine in all its branches or a
13 collaborating podiatric physician in accordance with
14 Section 65-40 of the Nurse Practice Act. The advanced
15 practice nurse has completed the appropriate
16 application forms and has paid the required fees as set
17 by rule; or

18 (B) the advanced practice nurse has been delegated
19 authority by a collaborating physician licensed to
20 practice medicine in all its branches or collaborating
21 podiatric physician to prescribe or dispense Schedule
22 II controlled substances through a written delegation
23 of authority and under the following conditions:

24 (i) specific Schedule II controlled substances
25 by oral dosage or topical or transdermal
26 application may be delegated, provided that the

1 delegated Schedule II controlled substances are
2 routinely prescribed by the collaborating
3 physician or podiatric physician. This delegation
4 must identify the specific Schedule II controlled
5 substances by either brand name or generic name.
6 Schedule II controlled substances to be delivered
7 by injection or other route of administration may
8 not be delegated;

9 (ii) any delegation must be of controlled
10 substances prescribed by the collaborating
11 physician or podiatric physician;

12 (iii) all prescriptions must be limited to no
13 more than a 30-day supply, with any continuation
14 authorized only after prior approval of the
15 collaborating physician or podiatric physician;

16 (iv) the advanced practice nurse must discuss
17 the condition of any patients for whom a controlled
18 substance is prescribed monthly with the
19 delegating physician or podiatric physician or in
20 the course of review as required by Section 65-40
21 of the Nurse Practice Act;

22 (v) the advanced practice nurse must have
23 completed the appropriate application forms and
24 paid the required fees as set by rule;

25 (vi) the advanced practice nurse must provide
26 evidence of satisfactory completion of at least 45

1 graduate contact hours in pharmacology for any new
2 license issued with Schedule II authority after
3 the effective date of this amendatory Act of the
4 97th General Assembly; and

5 (vii) the advanced practice nurse must
6 annually complete 5 hours of continuing education
7 in pharmacology;

8 (2.5) with respect to advanced practice nurses
9 certified as nurse practitioners, nurse midwives, or
10 clinical nurse specialists practicing in a hospital
11 affiliate,

12 (A) the advanced practice nurse certified as a
13 nurse practitioner, nurse midwife, or clinical nurse
14 specialist has been granted authority to prescribe any
15 Schedule II through V controlled substances by the
16 hospital affiliate upon the recommendation of the
17 appropriate physician committee of the hospital
18 affiliate in accordance with Section 65-45 of the Nurse
19 Practice Act, has completed the appropriate
20 application forms, and has paid the required fees as
21 set by rule; and

22 (B) an advanced practice nurse certified as a nurse
23 practitioner, nurse midwife, or clinical nurse
24 specialist has been granted authority to prescribe any
25 Schedule II controlled substances by the hospital
26 affiliate upon the recommendation of the appropriate

1 physician committee of the hospital affiliate, then
2 the following conditions must be met:

3 (i) specific Schedule II controlled substances
4 by oral dosage or topical or transdermal
5 application may be designated, provided that the
6 designated Schedule II controlled substances are
7 routinely prescribed by advanced practice nurses
8 in their area of certification; this grant of
9 authority must identify the specific Schedule II
10 controlled substances by either brand name or
11 generic name; authority to prescribe or dispense
12 Schedule II controlled substances to be delivered
13 by injection or other route of administration may
14 not be granted;

15 (ii) any grant of authority must be controlled
16 substances limited to the practice of the advanced
17 practice nurse;

18 (iii) any prescription must be limited to no
19 more than a 30-day supply;

20 (iv) the advanced practice nurse must discuss
21 the condition of any patients for whom a controlled
22 substance is prescribed monthly with the
23 appropriate physician committee of the hospital
24 affiliate or its physician designee; and

25 (v) the advanced practice nurse must meet the
26 education requirements of this Section;

1 (3) with respect to animal euthanasia agencies, the
2 euthanasia agency has obtained a license from the
3 Department of Financial and Professional Regulation and
4 obtained a registration number from the Department; or

5 (4) with respect to prescribing psychologists, the
6 prescribing psychologist has been delegated authority to
7 prescribe any nonnarcotic Schedule III through V
8 controlled substances by a collaborating physician
9 licensed to practice medicine in all its branches in
10 accordance with Section 4.3 of the Clinical Psychologist
11 Licensing Act, and the prescribing psychologist has
12 completed the appropriate application forms and has paid
13 the required fees as set by rule.

14 (b) The mid-level practitioner shall only be licensed to
15 prescribe those schedules of controlled substances for which a
16 licensed physician or licensed podiatric physician has
17 delegated prescriptive authority, except that an animal
18 euthanasia agency does not have any prescriptive authority. A
19 physician assistant and an advanced practice nurse are
20 prohibited from prescribing medications and controlled
21 substances not set forth in the required written delegation of
22 authority.

23 (c) Upon completion of all registration requirements,
24 physician assistants, advanced practice nurses, and animal
25 euthanasia agencies may be issued a mid-level practitioner
26 controlled substances license for Illinois.

1 (d) A collaborating physician or podiatric physician may,
2 but is not required to, delegate prescriptive authority to an
3 advanced practice nurse as part of a written collaborative
4 agreement, and the delegation of prescriptive authority shall
5 conform to the requirements of Section 65-40 of the Nurse
6 Practice Act.

7 (e) A supervising physician may, but is not required to,
8 delegate prescriptive authority to a physician assistant as
9 part of a written supervision agreement, and the delegation of
10 prescriptive authority shall conform to the requirements of
11 Section 7.5 of the Physician Assistant Practice Act of 1987.

12 (f) Nothing in this Section shall be construed to prohibit
13 generic substitution.

14 (Source: P.A. 97-334, eff. 1-1-12; 97-358, eff. 8-12-11;
15 97-813, eff. 7-13-12; 98-214, eff. 8-9-13; 98-668, eff.
16 6-25-14.)

17 Section 999. Effective date. This Act takes effect upon
18 becoming law."